Strategic Plan Workgroup
Transcript
January 12, 2010

Presentation

W
Ms. … all lines are bridged; you may begin.

W
Thank you, Latanya. Good morning and welcome everybody to the Strategic Plan Workgroup. This is a workgroup of the HIT Policy Committee; it is being conducted under the Federal Advisory Community Act, which means the public will have an opportunity to make comments at the end of this meeting. And please, workgroup members, if you could be sure to identify yourself for proper attribution and so the public also knows who's speaking. With that I'll do the role call.

Paul Tang?

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Here.
W
Jodi's here; Jodi Daniel.

Carol Diamond?

Christine Bechtel?

Christine Bechtel, National Partnership for Women & Families, VP
I'm here.

W
Deven McGraw?

Deven McGraw, Center for Democracy & Technology, Director
Here.

W
Paul Egerman?

Paul Egerman, eScription, CEO
Yes, good morning.

W
Morning. Charles Kennedy?

Roger Baker?

Art Davidson?

Art Davidson, Public Health Informatics at Denver Public Health, Director
Here.

W
Dave McCallie

David McCallie, Cerner Corporation, Vice President of Medical Informatics
Here.

W
Keith Finley is coming late.

Jim Walker?

Jim Walker, Geisinger Health Systems, Chief Health Information Officer
Here.

W
Cris Ross?
Janet Corrigan?

Janet Corrigan, National Quality Forum, President & CEO
I'm here.

W
Steve Stack?

Steven Stack, St. Joseph Hospital East, Chair, ER Department
Here.

W
John Detmer?

John Lumpkin?

Penny Thompson and Tony Trenkle from CMS?

Marc Probst

Marc Probst, Intermountain Healthcare, CIO
Here.

W
Mark Frisse?

Mark Frisse, Vanderbilt University, Accenture Professor Biomed Informatics
Present.

W
Patty Brennan?

Patti Brennan, UW-Madison, Moehlman Bascom Professor
I'm here; thank you.

W
Did I leave anybody off? Okay, at ONC we have:

Seth Pazinski, ONC, Special Assistant

… …

Julie Howell

W
Okay, and with that I'll turn it over to Paul Tang and Jodi Daniel.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Thank you very much, Judy, and welcome everyone to our second Strategic Planning Workgroup Call. A lot of work has been going on to flush out some of the things that we talked about last time, and we will be checking in to bring it all together.

Just to remind folks, this is a several-months process; we don't have our final delivery until May. The processes we are going to be updating the full committee tomorrow at its full committee meeting, and that means we already talked about the four themes; we're going to present some of the work that we're going to discuss today, meaning the vision principals and objectives under each theme for further comments. It's not a long presentation at the committee but we'll get additional comments and see if we're on the right track.

We'll then be talking, flushing out more of the – we've gotten down to the objectives and we haven't talked too much about strategies to this point so we'll flush that out before we get presenting again at the February meeting. And it won't be until March until when we deliver our first draft of the full document that we have a really good handle on, I think, already. And when we get the approval and further comments from the full committee, we'll be putting that out to the public for a listening session in April before we finally pen our final draft for approval before submitting it to ONC.

So we have a lot of time for feedback is the point. And today, like before, we'll be working on the principals and objectives for each theme. I'm not working on the word by word words missing, but make sure we have all the concepts correct.

So Jodi, do you want to add anything?

Jodi Daniel – ONC – Director Office of Policy & Research
No, I think you did a great job; I think we've got a lot to do so we should probably just jump right in.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Okay.

Deven McGraw, Center for Democracy & Technology, Director
This is Deven; can I just ask a question about how much we hope to finalize here today because I have to admit, I didn't have a chance to read these materials. … … because we didn't get them until late yesterday.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Right. It's still pretty high level, Deven.

Deven McGraw, Center for Democracy & Technology, Director
Okay.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
As I said, we're not even at the initial draft so we're basically – most of the stuff you'll be able to read even during the call and we're concentrating on the theme. I think we've pretty much nailed; it's really the principals and the objectives.

Deven McGraw, Center for Democracy & Technology, Director
Okay, great, thanks; I appreciate that.

Jodi Daniel – ONC – Director Office of Policy & Research
This is Jodi; I'll just jump in here. I think what we're looking for tomorrow for the policy committee is really just some feedback from them. So I don't think anything that we talk about here today is set in stone; I think we're going to be looking for feedback from the full committee and then trying to bring that back and processing it as well. So, as Paul had said, this is not the last bite of the apple; there's going to be a few more bites to the apple here. And we're just hoping to get some discussion and get us to a better place when we present tomorrow to the policy committee we can have a good discussion with them and get their input on where things stand at this point.

Deven McGraw, Center for Democracy & Technology, Director
Thank you; thank you very much.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Jodi, this is Carol. I have a question and if this was answered, sorry; I joined a few minutes late. So sorry if you have to repeat it. But some of us couldn't get comments to you on Friday, but we got them in yesterday. Is this draft that we got last night going to reflect those comments? Or is this draft going to the committee? I'm just confused about where we are in the process.

Jodi Daniel – ONC – Director Office of Policy & Research
We did not have time to process the comments that we received late at this point; in other words, viewed yesterday. So they are not reflected in the draft that was sent forward, but if there are issues that people raise that they want to bring up in the discussion, that would be appropriate.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
So, well, I guess I'm asking: Will they be incorporated at some point or am I supposed to raise them all today?

Seth Pazinski, ONC, Special Assistant
I'm sorry, this is Seth. We will take those comments and incorporate those for a subsequent revision.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Right, thank you.

Christine Bechtel, National Partnership for Women & Families, VP
And did this reflect the comments you did receive earlier. This is Christine and I was one of the late commenter's as well, but I'm not sure if this reflects Art's comments and Dawn's comments or not.

Seth Pazinski, ONC, Special Assistant
Yes, the comments that came in as of Friday were incorporated into this draft; at least the ones that had – anything that sort of clarified something that wasn't clear before or was discussed in the workgroup is incorporated into this draft. If it wasn't, we just kind of flagged it to bring it up today on the call so that we could discuss it amongst the full workgroup.

Jodi Daniel – ONC – Director Office of Policy & Research
So there were some comments we received that just were kind of edit to what we did or that made things clearer or cleaner or that reflects the conversation we had. And then there were some new ideas or questions or issues that were raised as well in comments to us. And so some of those we have identified in our … Agenda as Discussion Item so that we hope to talk through them and others where we could just incorporate them and we thought that there was sufficient consensus on the concept, we incorporated them in the document. So some of them are captured in the discussion points for today and some of them are captured in the actual text of the document. That make sense? We tried to capture whatever we got in one place or another either as an edit or as a discussion point.

W
That makes sense.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Okay. Why don't we start moving through the document then and then we'll sort of – we've … it up into about 30 minute chunks. Let's see. I think the Background is pretty clear. Section Two, also, you have the redline version and the only things that have been done is sort of put in the official title – The Strategic Plan, i.e, The Federal Health IT Strategic Plan – that's caught on the statute. So I think there are minor edits there. Before we get into Section Three, anything in Sections One and Two?

Okay, so we started our work last time really on the vision and guiding principals and some of the major things we did was sort of to pull in the IOM six aims and talk a bit about the use of the NPP Health Priorities, which is in sort of the second paragraph, and talking about how it fits into what was called the Learning Health System.

And then we had another subsection about guiding principals and someone's comment was to … they're sort of process principals, should they, in fact, be moved up to the process section, which is more Section Two. Any comments on that proposal?

W
Yes, Paul … and that was one of the comments that I made as well because I feel like to have guiding principals on an overall strategic plan that are largely process focused and only three of them wasn't robust enough, and I think you could move two of them into another section and the third is sort of redundant. So I agree with actually taking B out entirely.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Okay. Anyone have a problem with that? Okay, I think it just makes the document clearer. Another thing that was mentioned last time was the whole notion of values. Don had submitted a set of what he called "values" that we re-circulate to the group after or during the call. And as we tried to work that in – so, for example, one of the values was altruism; it wasn't necessarily clear whether that's something that we apply to this government office. It wasn't clear whether this is something that belongs – it's so general that it belongs in this particular document. So open to comments about that.

W
Paul, this is … . Can you point – is this in Don's draft or is this included in this?

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
It was just in Don's; so it's not included here and I don't actually have that in front of me; somebody might have it. It was a little hard to work the general of values into this document as being specifically relevant to this document.

W
But I have to tell you that I liked Don's attention to the values, but I don't think it belongs in the guiding principal. But I wondered if there was going to be some kind of a preamble or maybe under what is in my document called the "Strategic Framework" dated January 11, page three. There's a scope statement on page three under Roman II, letter A – Strategic Planning Scope, and the values could go in that section.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Okay, or maybe some of the values?

W
Or some of the values. I mean I think the idea of sort of displaying at where we're starting from with them I think is actually kind of important because if – those could be open for debate and they may changed the tenor of the document.

Jim Walker, Geisinger Health Systems, Chief Health Information Officer
This is Jim. I'm in the process of writing guiding principals for a Beacon community, actually as it turns out. When you read these – I can see what Don is talking about. For a set of guiding principals they're very process-oriented; they're very much about – they're tactical actually and it wouldn't be a bad way to characterize them. It does seem to me that it would make some sense and maybe part of the thing is to make it clear that the vision – how the vision and the principals relate to each other. Or maybe the problem is calling this Guiding Principals rather than Working Guidelines or something like that.

W
Oh, I see what you're saying.

Jim Walker, Geisinger Health Systems, Chief Health Information Officer
Guiding Principals kind of suggest we're going to do everything possible to make sure that patients and caregivers and providers are all benefited by the changes that are made, or that kind of more aspirational principal. That really what a principal kind of suggests rather than this more process sort of – how we're going to manage the process kind of things here.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Alright. So could I suggest that maybe a couple volunteers work on how we might use – and I'm guessing it's still only a subset so … I mentioned was one, justice and community good is another. How can we use some of these in the right place in the right way? Perhaps we could have a little offline work to help us out with that one.

Jim Walker, Geisinger Health Systems, Chief Health Information Officer
And I just would make a specific recommendation that we also, somebody give some thought to what a really clear name for these three things, and perhaps other things, to go with them. But I don't think Guiding Principals is the natural English for what they are.

Paul Egerman, eScription, CEO
This is Paul Egerman. We're talking about this concept of values but there are some sort of values in the legislation dealing with like healthcare disparities and … at hospitals and disadvantaged populations. … don't appear anywhere in this document.

Jim Walker, Geisinger Health Systems, Chief Health Information Officer
And I think that probably goes here is probably the first – those sorts of things. Maybe just two or three of them. I think those more operational expressions I bet are probably better than something like altruism, which then we can spend a couple pages defining. But if we included the things that you just said, I think that's what is missing.

Paul Egerman, eScription, CEO
It seems we should request back some of the language that's in ORU.

Jim Walker, Geisinger Health Systems, Chief Health Information Officer
Right.

W
I think that makes a lot of sense.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
I agree; I think that makes a lot of sense and I think the drafters of ORU actually – there's a lot of good attributes to that. That….

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
This is Carol. Can I make a corollary point here because I think it's great to amend the guiding principals in that direction. Paul, I absolutely agree the law speaks to some of those things including reducing disparities, etcetera. But I'm struggling with the vision, which is so general and so big-picture that it's not really a vision. And I would love to see us make a similar amendment to that section, which is to really be clear. The law speaks to – and now the regulation speaks to – some very clear health goals because there are metrics and measures to demonstrate meaningful use. And it would be great if those health goals could be captured in the vision, including things like reducing … patient, improving medication

management, improving care coordination. I mean if that's not the vision, I'm not sure what drives the measures and the demonstration of meaningful use. I just think it's great to say, "You know, we want to improve quality and safe effective patients in a timely efficient equitable care is a good thing." But I really think the vision has to be more specific in the context of: What it is that you're setting out to achieve.

Marc Probst, Intermountain Healthcare, CIO
Yes, and Paul, this is Marc Probst – very much in agreement with the last statement. This is an HIT Strategic Plan and in the vision it seems like HIT is an after thought in the way the vision is set, which is what we're trying to achieve with technology.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Let me just recap a little bit about what we said on the last call. And I think most organizations when we get to the point of what a vision, mission, strategic objectives have this sort of semantic issue of what belongs in which category. I think we actually molded this vision to say what it says now because it had certain key concepts – learning, patient centered, uses information, improves health, and cost of individuals and populations. And interestingly, Marc, last time we specifically – and I think it was with Carol's counsel – wanted to put our vision for the health system ahead of the use of HIT and, in fact, this almost deliberately doesn't have the term HIT in it. We use information however that's done and clearly HIT has a big role. I thought we actually pretty much nailed this vision last time as truly a high level vision rather than what some might call more strategic themes.

M
Is this vision consistent then with whomever … the broader vision because it seems to me this plan – there's a scope that ONC has; does ONC control the scope of what this vision says or is this something that's way exceeds what we can accomplish with this particular plan.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Well I think as Paul Egerman mentioned in the statute there was sort of a hierarchy of purpose for even high tech, and the purpose was to improve health outcomes for individuals in the populations. And there are a number of other things, values that Paul mentioned – reduced disparities, etcetera. A lot of that's actually captured in the category for meaningful use, which mirror the National Quality Forum's NPP priorities. So I think the fact that the recovery act and the high tech provision in the recovery act set aside this health system vision. That's what we're trying to mirror. But, yes, that's not for ONC alone to do. ONC's role in the context of high tech is to put in place an information infrastructure, so to speak, that would support that vision, though. And so that – we're sort of mirroring that kind of strategy or that hierarchy of goals.

M
Okay, well I came in late to this game, so I won't delay with the topic.

Jodi Daniel – ONC – Director Office of Policy & Research
This is Jodi and we were just having a conversation here in the ONC room. I think the other thing we talked about last time and I agree actually with the point that ONC's vision and authority is about health IT, not about this – we don't control this whole vision. Our efforts will help support this vision, but will not in and of itself, result in this vision. I think what we talked about last time was giving some context in the discussion in this vision section about health IT's role and meeting that vision so that we have sort of the lofty goal and we're not working on technology for technology's sake, but toward a larger vision, but then explaining in the discussion and we probably need to add that in here – some context for how the high tech efforts, how the ONC efforts have the … health IT efforts can support this vision and making that link.

So I think that was sort of the compromise that we came up with last time, and I don't know that we had taken the time to actually flush that out. So we probably just need to do that and then hoping that that might resolve the concern.

M
I'll belabor it one more step and then I promise I'll be quiet. But if you go back to the strategic planning scope, it is much more specific to our vision.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Well as Jodi mentioned – so if you look at the three sort of paragraphs, it says what Jodi said, which again was trying to reflect what this workgroup talked about, which is: What's the vision for the health system, which again is in the recovery act, and then how do we support it? So we have a vision, we have sort of a discussion of: Well how do you support that vision by picking contemporary health priorities. And then the final sentence is: Oh, and HIT is such a component to make that happen.

So we could perhaps do better job in the word, but that would try to capture what was described last time.

M
Paul, where do we … by our vision then? … …

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Well I think what we decided was that it's not an HIT vision; it's not an HIT vision. We have some strategic objectives for how HIT supports the health systems vision – the vision for the health system.

Christine Bechtel, National Partnership for Women & Families, VP
… … and I strongly agree with where this is at plus Carol's amendments because in part as Dr. Blumenthol has always said from the beginning of the policy committees inception that this about health reform and so I think when you ask where … … the HIT to me, it comes through in the principals, and the strategic and the principals that are under the objectives. I like to have the combination of both and I think Jodi made a good … … language that connects … … …

W
Christine, we keep losing you; you're cutting in and out.

Christine Bechtel, National Partnership for Women & Families, VP
Oh, thanks, sorry.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Okay, so how are we doing with this section – section three? Alright let's move on to section four.

M
… … I just wanted to just recap the two things I heard were, one, to add some additional context around as an IT in the vision, and also the second point was to bring in the health outcomes piece more so to bring the meaningful use health outcomes up into this section.

Jodi Daniel – ONC – Director Office of Policy & Research
Yes, from ORU, for High Tech.

M
Well … … – anything to do with meaningful – you said it's really in the statute it talks about some of its values, like reducing disparities, etcetera. And those are parts of the themes that we're going to bring in. And then we also are going to have a few of us work on the sort of valued proposition. It's a mixture of what was in the recovery act and some of Don's points, and Jim Walker, one of the people who were working on that.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
In terms of the context in the vision section for HIT, the last paragraph is completely devoted, stating the role of HIT. I would love to see that made much more clear in terms of what the vision is linking HIT to the broader vision that's articulated above. And again, I go back to the notion that the law really does set out a set of improvements that need to be achieved and goals that need to be achieved and I would love to see those here.

Patti Brennan, UW-Madison, Moehlman Bascom Professor
So Carol, are you suggesting that the paragraph that's just above B should articulate a little bit more about how HIT is going to accomplish those or what HIT….?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Yes. What are ONC's goals for using HIT to achieve that broader vision, and I would argue that as the law says – and now the regulation has a set of measures that says you have to report on blood pressure, you have to report on medication management, blah, blah, blah – that this is the opportunity to say: You know, we believe we can contribute to this broader vision by making measurable improvements or demonstrating measurable improvements or setting forth a goal of having improvements in reducing hospital re-admissions, improving medication management, blah, blah, blah – whatever the big health goals are that are really already stated in the context of all the quality measures and all the data collection that's going to happen. I mean it seems to me that this is the time to really set an organizing set of goals across the different agencies and other bodies that helps establish priorities and targets down the road.

Patti Brennan, UW-Madison, Moehlman Bascom Professor
If I am to understand you correctly, this is the place where we might put a stake in the ground and say: HIT is needed not only to collect the data, but also to ensure or to support the delivery of public education or the on-the-spot decision support necessary to accomplish these goals. And we may not go down to that level that explicitly of decision support system tools or consumer education, but we would indicate here that HIT plays a significant role in both supporting practice as well as documenting practice, or some such thing as that.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
My personal view is that it's less about saying how the HIT is used and more about saying what it needs to be used for and what the vision and objective.

Patti Brennan, UW-Madison, Moehlman Bascom Professor
Yes, I get that. So it's less mechanistic and more targeted.

M
Can we have a little further discussion on that because I found myself agreeing with the approach Patty was taking in terms of how does HIT support of the goals for the health system? And I think some of the specific areas you mentioned, Carol, might fit in if it's a means to an end rather than the end. And

perhaps in this section we're talking a bit more about the end. And it may be that we want to measure blood pressure but that's not the goal that we have; it's a means to furthering the improving the health of the community or of individuals kind of goal. Does that make sense?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Right. I'm arguing that needs to be stated somewhere. That goal needs to be made explicit. Because without it, it's just a set of measures and I think this can really be the organizing principal around setting priorities and health objectives more broadly both within government and outside.

Art Davidson, Public Health Informatics at Denver Public Health, Director
This is Art, Paul. In the top part of the document, in the background, there are the eight points that came from legislation. Is that what you and Paul Egerman were referring to earlier and that we need to recapitulate in this paragraph, or are there other things? I'm trying to get clear what exactly would the language we could use.

Jim Walker, Geisinger Health Systems, Chief Health Information Officer
This is Jim. Why don't we have Paul repeat. Paul had two or three or four really excellent examples. One was disparities. You're addressing disparities. I think those are sort of intermediate levels that take us from the high values, the high level values to something that is concrete enough that people can form a clear idea in their minds. I think this is just about communication; to make the links between the high level values and what will come to the blood pressure. What is it that links those things and using the language of the law would be a very powerful way to link those high values and the blood pressure in a meaningful sort of grid.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
So, Jim, I think it is in number seven and I'll read it, and Paul will let me know if this is it. So it says:

Strategies to enhance the use of HIT in improving the quality of healthcare, reducing medical errors, reducing health disparities, improving public health, increasing prevention in coordination with community resources, and improving the continuity of care among healthcare settings.

I think that's the linking concepts, as you said.

Janet
This is Janet, and I think what I'm struggling with here is that we have on page four of the document under vision a brief description of the National Priorities Partnership and the specific priorities that were established there which were used by the policy committee and the standards committee in identifying … measures. Maybe we could just expand further on that to get specific examples, and they align very nicely with the project's …. In the area of safety, maybe we want to point to the specific goal of the National Priorities Partnership to reduce healthcare-acquired infections to zero and then point to the HAI meaningful use measures and how the EHRs are going to help with achieving that particular goal. There are clearly other ones for care coordination that relate so much to the connectivity, the readmissions and other factors. These are a way to tie us back into that as opposed to coming up with other examples … to keep within our overall framework. … to do a one page appendix that just lists the six major national priorities and then maybe even the specific meaningful use measures for 2011 and 2013 that are likely to line up with that, to be very, very explicit about this being grounded in those national priorities that hopefully is going to … secretary will ….

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
… I would say it's a little bit cleaner to do it in your appendix style, Janet. I'm still recalling the discussion we had at the first call where people commented on sort of the elegance of this division statement that we had. It gets to sort of the how many people do you name and then you worry about who you forget to name, and when it's so pristine, whether either it's a division statement or the list of priorities from the NPP, I think we can explain maybe more about the process, but once we start naming things in this particular section (and I think there are places to names things to get specific within this sort of vision section) we run the risk of who we didn't name. That's the only caveat—

W
I guess what we were trying to get to is Carol's concern about the specific examples, and maybe even if she doesn't, I guess I know how to get more concrete about what those overarching priorities and goals are, and Carol was asking for a set of specific examples in those areas I think.

Carol
Yes, and I'll go at it one more time, and then we can move on. I think it's great to have an appendix with the NPP goals, but those are not the HHS goals, and I think the … needs to be established. Their vision needs to be established about what the national health priorities are, and this is a place to say either this set of high-level goals are the things we're setting out to achieve and the details of the measures or anything underlying that is not really what's necessary. I'm just struggling with a vision that says we want safe, effective, patient-centered, timely, efficient, equitable care which isn't really an organizing vision. In other words, it's a very broad saying, and I think within that there's an opportunity to say, especially after the third paragraph which is the lead in to HIT, that public policy relating to the law should achieve improvements in health and healthcare in line with these six aims, and an initial set of vision-type health goals could be listed here that really set the bar on what it is that the whole strategic plan is aiming for and it needs to achieve.

Jodi Daniel, Director Office of Policy & Research, ONC
This is Jodi. Let me see if I can try to summarize what I think I heard, and we could make a suggestion here. I think what I'm hearing is some need for greater clarity on, a little more in depth than this very broad vision in the discussion about the kinds of things we're trying to accomplish, improve care coordination, improve medication management, etc., but not in so much detail that we're going to measures and very specific things at this point. Obviously, we need to be working on those and developing those and having Health IT support those. In this vision section I think what I'm hearing is that we need to have a little bit more specificity to make this real in the description, but not so in the weeds that we're kind of tying hands as to what the priorities will be three years down the road.

Carol
Yes, that's exactly right. That's exactly the point I'm trying to make, and I think the opportunity to link this to why HIT is … in achieving those goals is critical.

W
Why don't we, Seth, is that something you want to try to take a crack at?

Seth Pazinski, Special Assistant, ONC
Sure.

Jodi Daniel, Director Office of Policy & Research, ONC
Why don't we try to take a crack at adding to this, probably adding another paragraph after the Health IT paragraph and maybe actually beefing up that Health IT paragraph a little bit and circulating that around

for folks to comment on. I feel like we've had a great discussion on this, and we probably have at least enough to get our juices flowing and to try to put some pen to paper.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
That sounds like a good approach, Jodi. Is that okay, Carol?

Carol
Yes, great.

Jim
This is Jim. Just one note, I'd consider not just adding, but reworking so that it maybe doesn't end up longer, just clearer.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
I think that's good, too. This particular section I think we'll want to make sure that it's timeless. We don't want to be updating this. I think this is the kind of thing that should be timeless and not subject to annual updates. I think when we get to themes and specifically objectives, those can change as priorities change.

Speaking of themes, we would be right on time if we moved, and I think we have an approach for how to update the next round, and I think that we have plenty of time between now and when our final due date is. Getting into strategic themes, we did have some work going on with smaller groups that flesh some of these out, and this is up for group discussion then.

The first theme is the meaningful use of health information technology, and you see before you sort of the principles and at least the objectives, and we didn't really get down to the strategies. You might give yourself a little time to go through the goal principles and objectives. The goal really is a restatement of the five categories for meaningful use, and the principles talk about how we focus again on the health outcomes that are aligned with the national priorities set by National Consensus Groups that we support all the individuals and decision-makers which includes the patients and consumers to give them the right information at the right time when they have a need to know, that we would like the public and private sector to work together to improve health outcomes and that they should be coordinated and harmonized. (that's part of where we discussed even all of the various public agencies along with the private sector), and that ONC be wise in the way it uses resources and in particular, dedicate the most to the areas of greatest need. We can talk about smaller practices, smaller hospitals, rural, and community health centers. Those are sort of the principles. How do they sound to this group now?

Christine Bechtel, Vice President, National Partnership for Women & Families
Hi, Paul, this is Christine. Can you hear me okay?

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Yes.

Christine Bechtel, Vice President, National Partnership for Women & Families
I had a couple of suggestions that I don't need to go through because Seth has them, but I have one thing that I want to strongly advocate for and then a couple of additions and that is under number two where we talk about having access to the right information at the right time. I think we just need to stop after the right time because based on a need-to-know I think what we were talking about was when a provider is authorized by a patient, but how it comes off because of the parenthetical reference to patient's and consumers is fairly sort of paternalistic, like when a patient has a need-to-know, and I don't want to put us

in the position of being interpreted that way. I wanted to suggest two changes, and one is to cut the sentence off after the right time and then the other is earlier in the sentence when we say to improve individual and population health. I would add 'and reduce disparities.'

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Wonderful. Two sounds like a no-brainer. May I suggest a modification to your first principle? Ironically, as you probably know, this was put in to protect the privacy of individuals and confidentiality, and so should we just do a better job at finding how to word this so that it comes across clearly as intending that rather than dropping the reference to adequate protection for privacy?

Jodi Daniel, Director Office of Policy & Research, ONC
This is Jodi. Can I suggest an alternative? We have a whole theme … security, so I was wondering if we were really addressing that issue in the other theme. Obviously, all these themes have to work together, just a—

Christine Bechtel, Vice President, National Partnership for Women & Families
Yes, that was my assumption, Jodi, which is why I didn't try to totally rework it and just cut it out because we have a whole section, but I think when we see the next version where we're asked to look at the whole document in context, I think that makes a lot of sense.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
But what I would do is argue the way Deven does. It says we don't have just the privacy silo. We have privacy in a world and with all of the other things, so the minute we put right access, it seems like you always have to say, well, when you have a need to know.

Christine Bechtel, Vice President, National Partnership for Women & Families
Yes, the problem is, Paul, just it's literally language problem. If you can figure out a way to make that apply to only one part of the sentence because the sentence covers patients, consumers, and providers, so I just couldn't see my way to it, but I completely agree with you, and I think we can work on it offline.

Can I suggest, though, that I thought of three other concepts that I thought we should consider here, and these were inherent in the work that we did in the meaningful use workgroup which was meaningful use objectives should be achievable by a broad array of providers, but at the same time stimulating a significant progress toward improved healthcare. I have that in the version that I suggested. The second that I thought was inherent in our work was that fostering patient engagement and achieving meaningful use would accelerate progress toward the national priority goals, and the third was meaningful use objectives should enable substantial efficiency and innovation gains and reduce administrative burden. Those were concepts that I thought were sort of missing, and I wasn't sure where we could put them in. I'm open to wordsmithing or suggestions, but just as concepts, I thought those three might be things to consider.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
I think those are lovely concepts, Christina. Other folks, and we can certainly look at the language you proposed and try to work that in.

W
I like that very much.

Deven McGraw, Director, Center for Democracy & Technology
Yes, I would agree with that. This is Deven. One way to avoid having privacy be considered to be siloed to its own section is to speak to it in the vision statement.

W
Yes, that's really important ….

Deven McGraw, Director, Center for Democracy & Technology
And then you won't necessarily have to feel like you've got to mention it at each and every opportunity to make the point that it flows throughout.

M
Great point.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Great point. In fact, could that be, so protect information no matter where it resides or is accessed, is that something approximately like what we would want to put up there and make an overarching principle?

Christine Bechtel, Vice President, National Partnership for Women & Families
Yes, I think that's a concept that you want to capture. I almost want to think more visionary that the trust is a foundation upon which this all works and appropriate protections for privacy and security that apply throughout the system are key to building and maintaining that trust.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Okay, we'll work that in.

Jim
This is Jim. I thought that was beautifully said, as much as we can preserve that language. I think that gets exactly what we want to say.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
And I like Christine's addition there.

Jim
Yes.

Steven Stack, Chair ER Department, St. Joseph Hospital East
Paul, this is Steve Stack, and I like very much what Christine has proposed, both when she modified two and then those other additions. At an appropriate time, I'd like to make one more comment on principle number two.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Any other comments on what Christine suggested? Okay, go ahead, Steve.

Steven Stack, Chair ER Department, St. Joseph Hospital East
I think Christine definitely improved that by deleting after the comma. I think as long as we've got privacy up at the top very clearly I think the right information at the right time implies correctness, appropriateness. It may not be as explicit, but it certainly implies it. I do think that this should be to improve individual and population health, the decision-makers, which includes patients and consumers, and I know that's intended to be clarifying or additive, but certainly the people who are using this

information who are considered to be the challenge at the moment are the providers or care. I'd almost have which includes providers and consumers, I guess, and drop the patient word that I advocated for on the last call so that it's clear that both the providers and the people receiving the actual care both need it as opposed to having this be on the side of the patient or consumer side who needs the information to do their job.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
You're right, Steve. The reason there was some parenthetical expressions was to say, well, the don't always jump out, and we certainly made the point through our category on patient and family engagement that that's what we intend, but you're saying that decision-maker now might feel like it doesn't include providers?

Steven Stack, Chair ER Department, St. Joseph Hospital East
Yes, I don't feel excluded in that way. I just think it doesn't, it just reads very much towards one side as if this statement then is intended exclusively to empower consumers or patients. I definitely want to empower them, but I think it would be more balanced if it said which includes providers and consumers.

W
Well, I agree with Christine. I agree with Steve, but for a slightly different reason which is that by not saying healthcare professionals or however we decide to say providers, I think the other way you read this is that that is the implicit decision-maker which doesn't sit well with me for a wholly different reason. I think it's a good idea to just say which includes patients and consumers as well as health professionals.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Okay, so I've heard two suggestions. What they have in common is to add health professionals. Steve is proposing also to take out patients.

Steven Stack, Chair ER Department, St. Joseph Hospital East
I don't care if you take it out or not. I was just trying to keep it in a few words so it was simple … lengthy.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Okay, so the amendment is to add, is it okay with Christine's word of health professionals?

Steven Stack, Chair ER Department, St. Joseph Hospital East
We'd much rather be called health professionals than providers.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Okay, very good. Any comment on that? Okay, great additions. Anything else in principles? Then going to the strategic objectives, it talks about basically meeting the President's goal, achieving meaningful use through the coordination of public and private resources (and it lists some of the ones that are covered under high tech), be able to through the … that the federal government has in high tech and other rule-making be able to align all these things together to address the national priorities set by the National Consensus Groups and to demonstrate how HIT enhances the goals in health outcomes and efficiency benefits. This is a bidirectional effort. It's not just going up to data collection agencies, but also feeding back to the healthcare delivery system and that all the federal resources be coordinated to accomplish the goal.

Christine Bechtel, Vice President, National Partnership for Women & Families
Paul, it's Christine. Can I jump in on number one?

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Sure.

Christine Bechtel, Vice President, National Partnership for Women & Families
Okay, so I had a couple of significant changes to this. I really still don't love the capture concept, and I know that we talked a lot about this on the last call, so what I would suggest would be enable all Americans to benefit from the effective use of electronic health information to improve health and care by 2014. Those are two changes to the number one, and then I have changes to the bullets underneath it.

M
I think that's much better.

M
I think it's much better.

Christine Bechtel, Vice President, National Partnership for Women & Families
I'm just going to take that as a yes. Underneath, I really did not like just having sort of the single bullet about consumers and having it be really focused on sort of encouraging them to, it just does not, it sits fairly paternalistic to me and also implies that the way you're going to get all Americans to benefit from effective use is through somehow consumer behavior change. What I would suggest is that the first sub bullet actually be focused on healthcare providers, and I focus my suggestion on that which we know consumers really want to see, and so that is encourage team-based coordinated healthcare across the entire health system. That's sub bullet one, and then the second one would become support consumers in taking an active role in managing their health through effective access to and management of information.

M
Couldn't be better said ….

W
I like the changes, but I would suggest that that consumer bullet not be a sub bullet. I don't see why it is a sub bullet. It should be a major bullet. It should stand on equal footing with the others.

Christine Bechtel, Vice President, National Partnership for Women & Families
I like that even better. I think that's right.

M
And maybe it's enable consumers rather than encourage. That might help some with the ….

Christine Bechtel, Vice President, National Partnership for Women & Families
Yes, I said support, but same concept.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Christine, this is Paul. I agree with the concept of support consumers, but why did you say encourage team-based healthcare. Why are we encouraging that as opposed to supporting it?

Christine Bechtel, Vice President, National Partnership for Women & Families
Fine, good, I just didn't want to use the support word twice. Wordsmith away.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
I don't mean to wordsmith it.

Christine Bechtel, Vice President, National Partnership for Women & Families
If I have my druthers, I would say drive it or accelerate it.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
I understand, but I'm thinking back to a comment that Marc Probst made earlier. Health IT, we really sort of enable policy, but we're not policy itself. We can facilitate the policy change, but we don't really make policy. In terms of we in the healthcare IT world, are you going to encourage team-based healthcare? I'm not sure we can do that. All we can really do is provide a structure that facilitates or supports it.

Jim
Paul, this is Jim.

Christine Bechtel, Vice President, National Partnership for Women & Families
I disagree.

Jim
I want to follow that and drive that back into the goal because the goal doesn't reflect any awareness that process redesign, team-based care (but the process redesign is maybe as general as we could state it) is a critical part of this that if it doesn't lead HIT design and adoption there won't be any meaningful use, or it'll be severely limited. I suspect that we aren't going to address process redesign in this document, but I think it would make sense for us to acknowledge the need for it at least so that it doesn't have the sound as if we're going to improve healthcare by promoting adoption which is really the way it reads.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Although the way Christine worded her one about team-based care, I think in—

Jim
What I'm suggesting is we drive it up into the goals so that, again, it's kind of like putting privacy at the top so we don't have to keep saying it.

Christine Bechtel, Vice President, National Partnership for Women & Families
Well, no. There's a key difference here for me which is part of the purpose as I understand it of having kind of principles and objectives is that if there is an objective then ONC would be expected to have some strategies around how they will use Health IT policy to help make that happen, and it would be not limited to ONC. As we've talked about, it would be other federal agencies. Back to Paul's Egerman's point about encouraging team-based care, I actually disagree because it's clear to me anyway that the meaningful use proposed regulation absolutely encourages team-based care by requiring providers in order to get incentives to begin talking to each other and sharing electronic health information.

Jim
Right, but what I'm saying is that the goal doesn't say anything about that.

Christine Bechtel, Vice President, National Partnership for Women & Families
Right, but we - wait, the goal on meaningful use?

Jim
… goal.

Christine Bechtel, Vice President, National Partnership for Women & Families
I'm not sure. It'll be in the vision. I don't have any objection to editing the goal, but I don't want to take it out of an objective or strategy.

Jim
No, I'm not saying take it out of the objective or strategy.

Christine Bechtel, Vice President, National Partnership for Women & Families
Okay.

Jim
What I'm saying is three years from now this will read like, didn't those people know about process redesign?

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
I don't see that as a means …. The goal says improve health outcomes, patient engagement, care coordination, efficiency. Those are, in fact, goals, and yes, they may or may not require process redesign. They may or may not require this, that, and the other, but a lot of the things we think it may require is listed in some of the objectives, and I think the way that Christine labeled team-based care is a concept where you certainly can fit process redesign, and ….

Jim
But my concern is about that dependent clause that comes after the goals, Paul, by promoting the adoption and meaningful use of HIT, and anyone who's tried to do that, I think there's a growing and very strong consensus in the business that if, at least in your mind, what it says isn't by promoting improved process design supported by adoption and meaningful use of Health IT, you don't end up with any benefits, so I'm concerned about ….

Christine Bechtel, Vice President, National Partnership for Women & Families
But I think we're trying to focus on the benefit which is going to require process redesign, but that is a given and an assumption I think here, so I think we focus on the end goal. In my mind it's better to focus on the end goal and let folks do what they need to do to get there.

Carol
Yes, so I want to make a point about that in the objectives. I think that because this is the meaningful use theme, this another place to drill down on what are the meaningful use health goals that strategies will need to be developed around, and I don't see that level of specificity here, and I think it's essential because to just say we want people to benefit from HIT is great, but we also should establish what it is that the HIT is going, what are the health objectives that are going to be focused on. I would love to see those objectives tied here to the meaningful use theme.

Christine Bechtel, Vice President, National Partnership for Women & Families
I agree, and Paul, that reminds me of the achievable vision for 2015 and the fact that we still really need to take that up, and Carol's got a good way to do it which is if you focus on hospital readmissions and med management you get out of where we were stuck in which was fewer heart attacks were sort of condition specific, but still something that is a little bit more tangible, so I like that suggestion very much.

Seth Pazinski, Special Assistant, ONC
This is Seth. I think one thing that we thought about with regards to the workflow redesign that really should be a strategy under the second objective. At least I think in our heads it was assumed, and we didn't take the step of putting it here, so I don't know if that addresses that piece of the conversation. Also, I really like the suggestion of sort of bringing in each of the components of meaningful use and making sure we have strategies to reach those health outcomes.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Let me make sure we don't, I want to keep track of the suggestions that have been made. So far I think we agreed to Christine's rewording of number one. She had two more that she added. We agreed to move one. Let me go ahead and propose that we move both of the other two that she mentioned, the team-based care and the enable or support consumers to the high level, the numeric objective. … let me stop there and say are people in agreement with those two steps we've taken so far?

M
Yes.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Then now we're working on, then the notion of a means, process redesign. What Seth said is that ONC was … come in as part of the workforce training can come in to … a number of places, and that might be strategies. Is that okay with you, Jim, as far as that sort of living in the strategies area which we haven't done yet?

Jim
No, I would say it's a first principle, and it probably accounts for more waste and unmeaningful use of HIT than any other single factor. I think it belongs in principles.

Christine Bechtel, Vice President, National Partnership for Women & Families
Paul, what I heard Carol say was once you've moved the two sub bullets on team-based care and consumers out and made them actual numbers that the sub bullet might be replaced with some more specific health goals, the sort of reducing hospital readmissions so that you could say something like enable all Americans to benefit from the effective use of health information to improve health and healthcare by 2014, including by, you know, reducing hospital readmissions, improving medication management.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
Right. I hadn't got to those. Sorry, I was trying to address each person's—

Christine Bechtel, Vice President, National Partnership for Women & Families
Sorry.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
—suggestion …. Let me get people's reaction to Jim's point of moving process redesign into the principles.

Jim
It would just say something like process redesign is a necessary precondition for meaningful use of HIT.

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
I personally am feeling that's a bit prescriptive. I take your point—

Jim
Okay, ….

Paul Tang, Palo Alto Medical Foundation, Internist, VP & CMIO
I take your point that that's important. It feels prescriptive to me, and what do other people think?

Jim
I would say it's empirical, but that's—

Christine Bechtel, Vice President, National Partnership for Women & Families
But to Seth's point, isn't it covered under number two because that is a big part of the work of the regional extension centers and the workforce training and the efforts of other federal partners? I know … is doing support for community health centers and process redesign. It's sort of inherent in the programmatic aspects.

Art Davidson, Director, Public Health Informatics at Denver Public Health
This is Art. I agree with Christine that in our environment we look at that as a major piece of the .... I was looking at the last sub bullet under that strategies, and I thought we could just insert the words promote process redesign and development of products and tools to focus on usability for end users.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Where is that, Art, that you wanted to put that?

Art Davidson - Public Health Informatics at Denver Public Health – Director
It's the last, you know, in that section. I've changed the numbering because I've been keeping notes based on all the good comments, but under the one where it says regional extension centers, that open bullet, the last one there, the last of those open circles is promote process redesign and development of products and tools to focus on usability. I think that process redesign is embedded in the concept of meaningful use. I agree with Jim. It's everywhere, but it's a strategy. It's a means.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think that feels right. How do others feel or, Jim, how do you?

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
I would say HIT is a means to care process redesign, and that's the issue. But I'm happy to go with the concensus of the group.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think I'm hearing people put it a little bit more in the strategy and the means kind of area. Is that a fair assessment?

Janet Corrigan – National Quality Forum – President & CEO
This is Janet. I think Art had a good suggestion to put it down in the promote process redesign and development of products and tools to focus on usability, to incorporate in that particular one.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. The next comment was from Carol on the more specific health goals, and I think we've heard different suggestions on the different sections to put it in. Let's make some progress there in terms of where do we think we should insert that.

Christine Bechtel - National Partnership for Women & Families – VP
This is Christine. I sort of had it as now sub-bullets under number one.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
So the enable to benefit from the effective use?

Christine Bechtel - National Partnership for Women & Families – VP
Yes, and just adding effective use of electronic health information to improve health and care by 2014, including by reducing hospital readmissions, improving medication management. We should have care coordination in there, things like that, preventative care.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
When you say including or such as, so one of the – including means it must have. Such as means these are examples. Which do you think we're talking about?

Christine Bechtel - National Partnership for Women & Families – VP
I personally think it's including because I think we have to focus. That was part of what I really liked about Farzad's achievable vision, although people took issue with it being too specific. It does lend focus and, therefore, some accountability for driving those things, and it should align with what CMS is proposing in meaningful use where you've got, I mean, you could even put sort of the smoking cessation, avoidable drugs in the elderly. You could put some of those things in there as well. But we should have, I think, a way to really focus the use of technology on the types of activities that matter, and so I think it's sort of including. I think it's definitely including and not such as. That's my perspective.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Other views?

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
This is Steve Stack. I don't know. As you've defined it, Paul, I'd prefer a more permissive "such as" specifically because, while I think the list of things that we just sort of rattled off are very good, I also believe that we will find that the problems are not – if we have the technology to track why people are being readmitted to hospitals unexpectedly, and why they're not stopping cigarette use and things like that, we may find that it is not something that technology itself is able to help or fix, or managing information better doesn't repair, that there are other socioeconomic reasons that are big drivers. So I almost think it has to be "such as" because we have not yet done the study. We don't know the answers, and so to say it must be, if that's what including means, kind of presupposes the answer we don't have yet. And I don't really disagree with Christine in principle, it's just, as you define the words "including" or "such as", I would prefer the more permissive "such as".

Christine Bechtel - National Partnership for Women & Families – VP
Yes, I think it just gets to a difference in how I'm viewing the strategic plan as fundamentally a way to prioritize rather than sort of a global statement document, Steve. It may just be that we're viewing kind of the purpose of it different, but I was thinking about part of the purpose of the strategic plan being to help prioritize resources and the placement of those resources. And so that, to me, calls for a little bit more

specificity than permissiveness where the broad, principle statement document … you know … value, it would be more appropriate to be permissive.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
How about like with emphasis on or focusing on or – you know, it's wordsmithing, but….

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Yes, I think that's good. I think that's good. Focusing on actually the initial areas specified by the rules.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Or can the strategic objective, so we already said it's one of our principles that it should focus on health priorities that are determined by folks, not by ONC, but by folks that work specifically on identifying the health priorities of the time, and ONC then works to develop specific strategies to address those national health priorities. Do you see what I'm saying? IT says you must be specific, and perhaps that's where the meaningful use measures come in. But that it doesn't pin them down as the strategic objectives, you do the following. Is that – I'm getting closer?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
ONC doesn't stop and implement all of the priorities. That's one input to their establishing things like … meaningful use. And I think it is important for them to specify which areas they're going to focus on and which strategies they're going to develop to achieve those objectives.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think that's what I'm saying is the objective is that they do identify, following the national health priority measures that focus in those areas, but it doesn't say in the strategic plan … my strategic plan identifies what health priorities there are. I think that's the only difference.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Well, to some extent, health priorities have been identified by the rule. I mean, the things that are going to determine how $40 billion gets paid, you know, those measures that will need to be demonstrated in order to receive the funds, I would argue, are pretty much the priorities.

Christine Bechtel - National Partnership for Women & Families – VP
Yes. I agree, and I think it should, Paul, be in the document because I think it means a potentially – I think it implies particular types of strategies and focuses for the strategic plan itself. And so I do think it should be clear in … as opposed to, you know, referenced in national priorities, and people have to go….

Jodi Daniel – ONC – Director Office of Policy & Research
You know, this is a section on meaningful use, and to Carol's point that we do have meaningful use objectives where they're putting a stake in the ground as far as at least significant priorities that we're putting on the table. I think we could mention those, but we probably shouldn't close the door that there may be other priorities, other than the ones we've identified in the current proposed regulation that may come down the pike in the next five years that we may want to bring to bear as well. So I think that … I think your point is taken that there is already a stake in the ground as far as meaningful use objectives on what some of those priorities are, and that we just need to maybe – we can reference those, but be flexible enough that those may not be the only ones that we're going to support.

Deven McGraw - Center for Democracy & Technology – Director
Jodi, don't you have to also update the plan annually?

Jodi Daniel – ONC – Director Office of Policy & Research
No, not the strategic plan.

Christine Bechtel - National Partnership for Women & Families – VP
I thought you did under the law. I thought the National Coordinator had to do an update annually. I'll check it out, but if that's the case … opportunity to update and expand them, but still be able to be specific from year-to-year. So I'll take a peak.

Janet Corrigan – National Quality Forum – President & CEO
This is Janet. I really think that the priority issue is one that we can craft language. It makes a lot of sense to indicate that the ONC has identified an initial set of priorities building on existing priorities, as promulgated by public/private partnership groups, and then … language that indicates that as the Secretary of Health and Human Services establishes priorities, so these will need to be aligned with those going forward. The House and the Senate bill both direct the Secretary to establish priorities in consultation with the private sector standards setting groups, you know, a.k.a. via the National Priorities Partnership. Chances are, by the time this sees the light of day, it is going to – we will have, hopefully, a directive to establish for the Secretary to put a stake in the ground and establish national priorities.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Jodi, going back to your summary, I think it was an excellent way of stating what this needs to be. It is the meaningful use section, and you have a stake in the ground, and it would be great to be specific here, and to leave the door open that says HHS and ONC will continue to develop priorities and leave that open. But there are priorities very clearly articulated in what's going to be required to achieve meaningful use, and it would be great to put them here.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I'm seeing still a little difference between what Janet mentioned and what you just summarized, Carol. Let me see if I can try to point it.

Janet Corrigan – National Quality Forum – President & CEO
This is Janet, Paul. I didn't really see any difference. I think that's fine. I just think, whether it's in the one-page appendix or whether it's right in this section, wherever you position it, it needs to – the meaningful use priorities and the measures are based on the NPP priorities. It doesn't matter to me who you call them out as. Just say that there's a set of priorities that have been embraced by ONC, as captured in the meaningful use measures, and that the basic principle here is that this work should be directed at achieving a set of national priorities and goals. As further priorities are promulgated by the Secretary, this work should be aligned with it.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
That I understood. Does that mean that specific priorities would be put in the strategic objective?

Janet Corrigan – National Quality Forum – President & CEO
I think you have to organize. The meaningful use measures are grouped by priority area, so I think one would have to explain how one got to the meaningful use measures, which was to start with these specific priority areas that you've already listed in the background part of the document.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
But, Janet, we already have them in an overarching statement in the vision. I think the objective is the time to say these are our specific objectives within that context.

Janet Corrigan – National Quality Forum – President & CEO
And so list every measure?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
No, not every measure. Back to the thing that Jodi and I were just trying to summarize. In the meaningful use section, is it necessary to restate the national priority goals since we've already stated it in the vision section that health priorities will be developed in the context of the national priorities? In that context, there need to be specific objectives for meaningful use, which are not every national partnership objective. They are a subset that are now really articulated in the meaningful use regulation that ONC has really got a stake in the ground on. This is the section, I think, in meaningful use to state those specific objectives. That's what I'm proposing.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Let me see how you … this. It's nice. We've talked about the – let's look back, you know, two years from now, and did we live up to it. The test would be, did we live up to addressing the national priorities, not, well, I mean, that's way of looking at it, and I think that's the way Janet's language went. Versus, did we live up to specific, let's say, blood pressure control. So an example, there's an NPRM. There's comments that come up, and let's pretend. Of course, this is an … example, but that there's a whole set of other measures that actually have a lot better evidence, a lot better defense of how HIT would change the health outcomes if you worked on this area. Would listing specific measures versus listing that we follow the Secretary or HHS identified national priorities limit us to working only on the specific measures? HHS is where I'm struggling a bit.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Yes, Paul. I don't think anyone is proposing listing specific measures. What I'm proposing is listing specific objectives. The measures and should change.

Janet Corrigan – National Quality Forum – President & CEO
Carol, what are the objectives? Can you give us an example, because I'm confused how that differs from the national priorities and goals?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
They're the ones that, as a result of the meaningful use goals and the meaningful use measures, are the health objectives for the ARRA funding, and we've gone over them a couple of times, but again, it's medication management, reducing hospital readmission rates. It's all the things that the requirements for meaningful use are going to hinge on.

Janet Corrigan – National Quality Forum – President & CEO
To me, that's what I'm calling the measures because where you get those is by looking at the list of measures, so that's sort of one in the same. You don't have to include all of them. Maybe you just want to include examples, and maybe you want to kind of group them. What I envision is that we have a national priority of care coordination, and then within that, we have specific measures that relate to medication management and sharing of information, and readmission rates actually, which is indicative of appropriate handoff, so I find it helpful to group them according to the national priority. To me, the measure title is really not a whole lot different than what you've just described. I think we're kind of talking about the same thing.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Great.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
We'll make our best attempt at coming up with the language that reflects both of those perspectives, and we can refine it later. Any other comments? I think I've exhausted the comments that have been put forward so far in terms of actions. Good. Okay. We're still doing pretty well on our schedule. Now we're moving to theme number two. Jodi, do you want to walk us through just a very high level on the goals and principles?

Jodi Daniel – ONC – Director Office of Policy & Research
Sure. Theme two is the policy and technical infrastructure, and why don't we start with goals and principles, and then we'll get into objectives following Paul's lead? The goals enabling electronic health information exchange through the development and support of appropriate policies and technical specifications, and then we have six principles that have been identified: having specifications required or proposed by the federal government that, at a minimum, allow providers to achieve meaningful use; coordinating federal resources and activities; that the federal government should leverage Web and market innovation to foster information exchange; that effective information exchange should enable all participants in the exchange to contribute toward improvements in health and healthcare; that the specifications should be as simple as possible; and that the policies and technical specifications should make possible and promote increased patient engagement and access.

The first thing I just want to raise to get the context and at the goal level, this was something that came up in the comments was whether, that most of, in looking at this theme, most of it is very much focused on health information exchange, and yet the theme is policy and technical infrastructure, broader. And the question is, do we have the right goal and approach here? Should this really be focused on electronic health information exchange, or is this theme really broader than just health information exchange.

M
The theme and the goal should….

Patti Brennan – UW-Madison – Moehlman Bascom Professor
…give an example of what you think is left out? This is Patti. What's left out with stating the goal of exchange?

Jodi Daniel – ONC – Director Office of Policy & Research
Well, there may be other. This was a comment that came in from somebody on the workgroup. The question is whether or not there are other policies or technical infrastructure that needs to be in place that we should be talking about beyond just the exchange component, so the technology itself or other policy infrastructure that needs to be in place that doesn't necessary go to exchange.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
For example, hold harmless some of the antitrust provisions.

Jodi Daniel – ONC – Director Office of Policy & Research
Sure.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Some of the liability issues related to data providence and once data is exchanged, who actually does own it.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
Jodi, Mark Frisse here. I think the problem comes in the ambiguity in the term health information exchange. And if one somehow denotes the notion of communication of our transmission of information between two individuals or organizations or some way flushes it out into something a bit more concrete, but yet very general, then all the things Patti mentioned, the other things will just kind of fall into place. I think it's just the old noun versus verb sort of problem with the term exchange.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Yes. I agree with you, Mark.

Cris Ross – MinuteClinic – CIO
This is Cris Ross. I had thought that – my comment was going to be that we add the phrase so it says electronic health information management and exchange because that supports all the notions around data at rest, security, you know, all those kinds of things that are going to be alluded to later.

W
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think that helps expand it, like Mark Frisse was talking about. That's a nice….

W
And so, yes, so what I'm hearing is basically including information management, as well as maybe kind of reworking electronic health information exchange so that there isn't that noun/verb confusion.

W
Right.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
This is Patti. The only concern I have about inserting management is that it actually adds or at least preserves the tensions between institution specific systems and exchange being an afterthought versus free flow of health data and institutions being an instance. Maybe in a three- to five-year window that's okay, but I think once we put the term management back in, we sort of validate a vendor-based approach to institution specific systems.

Cris Ross – MinuteClinic – CIO
This is Cris again. Normally I'm extremely sympathetic to that viewpoint and come from the same sort of philosophical perspective. I think, if we're going to talk about things like the kinds of standards things that are listed under objectives and strategies, by its very nature we have to talk about management, unfortunately. So I agree that it's hopefully a near term goal, but I don't think we can talk about exchange separate from how the data is generated and stored.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
I think that if we can maybe, Jodi, as your group is working it, if you can find a way to at least at some point figure out whether we need to be explicit about whether we're talking about a transitional approach that is growing into a new model based on our old model, or a sea change in terms of managing. I don't have a way to fix it right now, but I don't want to lock us into vendors building single point bridges between two hospitals and considering that an exchange.

Deven McGraw - Center for Democracy & Technology – Director
This is Deven. I think this is a place where, and I don't have any brilliant wording that I'm going to suggest here, but the statement of the goal, I mean, this section, this theme is where some of the technical specifications and our overarching principles about what the technology should do and how detailed the specifications need to be have to reside. But at a minimum, it needs to start with a goal that's a little more aspirational, again, and maybe links to why we're doing this in the first place, in the same way that some of the other goals do, like meaningful use. This is about harnessing the technology and putting in place the sort of minimum specifications that are needed to enable the technology to be used to facilitate improvements in health outcomes. Again, I haven't perfected any language here, but it's sort of a bit of a narrowing. It's pretty narrow language to be satisfactory for kind of an overarching goal.

W
And it's not clear that the goal actually, I mean, there are some objectives and strategies that I think are, may arguably go beyond what that goal is, just to your point that it may be too narrow.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I wonder if it could be as simple as reversing some of the order. How about enabling the management and exchange of health information, and all of a sudden the noun/verb thing is a little bit blurred?

W
You know, Paul, I like that.

W
Yes.

M
Another alternative would be enable the electronic health information use for all providers.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
We might have lost the whole exchange, some of the….

W
They've got to get it before they can use it. They can't use what they don't have.

Paul Egerman – eScription – CEO
This is Paul Egerman. I don't have any problem with manage in an exchange, but I think we need to keep the word exchange in here only because ARRA does make a big point of interoperability. This should be, you know, it should be called out.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Right, so it's enable management and exchange of electronic health information, etc., through development and support of appropriate policies.

Paul Egerman – eScription – CEO
Yes.

W
To get to Deven's point, the first principle talks about making sure that any specifications allow providers to achieve meaningful use, so it does tie back to that first theme with all of the, you know, ties to health goals, etc. I'm wondering if, between the goal and the principle, we're getting there, or if there's something more that's necessary.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
This is Patti. I just want to be sure, and I don't see this in the objectives and strategies yet, that we leave a little bit of room for unexpected or perverse players because….

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I'm just laughing because it's so true. We have a lot of perverse players. So you're advocating for perversity or against it?

Patti Brennan – UW-Madison – Moehlman Bascom Professor
I wasn't labeling anyone on the call, but if you self-identify into one of those groups, but I think we can't state. We have to recognize that this theme has to address the Docias or whatever Google Health2 is going to look like or the MinuteClinic record that suddenly has to be integrated back into the hospital, or even the home-based sensor that has to be pulled in. And so it speaks to me pretty clearly to kind of well known and well understood HIT products I see through here, which … we know what that industry is, and we know where the boundary is.

M
Although you do have principle number five.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Yes.

M
It says … calls out all participants.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
I mean, I guess maybe at some point it might be useful to take this back into the perverse players community like an Adam Bosworth or Peter Neupert, and get a sense of where they see themselves in it or what they need it to be reflective of. Maybe that might be a better way. I mean, I just think that we've got to recognize that data is going to flow in and out of cable channel network systems and iPhones, and somehow that's got to be under this infrastructure, even if all it is, is labeled.

M
I agree. Actually, I was the one who suggested all participants to Seth for the principles because that's exactly what I had in mind, although I don't think I called them perverse players. I wouldn't say … there's a large range of participants in this process, but I think you have a good point.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
This is David. I'm no sure I'm exactly following the point. Patti, what is your concern? We need to be more explicit about the number of nontraditional places where the data could flow?

W
I'm wondering if, when we get to the discussion of the objectives, that we might need to think about additional objectives that get to Patti's point because I do think that when you look at the objectives, they are focused much more on meaningful use and EHR products and maybe don't get to that broader scope. I'm not sure that the goal, as we're talking about it right now, would be problematic or would not include those perverse players, as you're describing them, but I do think that there's probably room to talk in the objectives and making sure that we have objectives that go to some of those other players.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I wonder if you want to move to objectives to check our work in a sense, sort of like what Patti was suggestion, and put on some different filters and see, gosh, would it apply to some of these other constituents?

Cris Ross – MinuteClinic – CIO
Before we move, this is Cris, I've got at least a couple more comments on principles.

W
I was just going to ask if anybody had any comments on principles before we move on, so go for it.

Cris Ross – MinuteClinic – CIO
Number three, the phrase "the Web", I think, kind of bugs me. I think, at a minimum, we ought to replace the Web with something like the public Internet open standards, and market innovation. But at the same time, I still don't understand what the sort of comment is about perverse players, and would like to understand it better, but I think there is communication that's going to happen on things that are not the public Internet that may, for instance, be the phone network, and I don't have language about that, but we should include it.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
You're getting my idea about the perverse players, unexpected players in the health IT environment, and it may be that different communication channels, if we change radio frequency or end up with the different kind of management of radio, or it may be different companies like Microsoft or a kiosk, or the carrot. And I agree with your expansion from the public Internet, I mean, from the Web to what you had said. And I just think we have to – we can neither ignore them, nor do we have to say they must look like health IT vendors. It's going to be maybe the best thing we can do in the principles, along with what we said earlier about maintaining currency with an alignment with emerging trends in communications and information technologies, or having a principle that requires us to evaluate the appropriateness of the regulations.

Cris Ross – MinuteClinic – CIO
Then I think that's great. So then I would edit number five, which was another comment that I had, which I liked the first part about simple as possible. Design for implementation by all participants is also good. I feel like we ought to add something like that enables or encourages or allows for future innovation and evolution. I haven't wordsmithed it, but I think we need something that says we don't want to freeze this in amber and say that we just want to put specs that relate to things that are popular CERCA 2008, 2009, because that's kind of what we're aimed at. But allow for innovation.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Cris, maybe I can incorporate that thought into a revision in number three using the reverse order approach. The federal government should leverage innovations in the market and information and communications technology to foster.

Cris Ross – MinuteClinic – CIO
I love it. I like it.

W
Can you repeat that, Paul, to make sure we've got it?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
The federal government should leverage innovations, should leverage market innovations in information and communications technology to foster appropriate health information exchange. So that just basically opens up the innovation without trying to put specific labels.

W
Paul, did I hear you say foster markets?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
No, should leverage innovations in information and communications technology.

W
I was actually going to applaud the foster markets because, in terms of some of the directions around overall economic stimulus, it's possible that permissive language here could actually stimulate industrial investment and new jobs. Okay, I killed the conversation there. Sorry.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Where is the restrictive language? This is David again. I certainly encourage all of the sentiment here. I'm just not quite clear what language we're stumbling on. I agree with change the Web to something different. But where are we locked into the current world view by what's written?

Deven McGraw - Center for Democracy & Technology – Director
Beyond the Web comment – this is Deven – I don't know that it's specific language that people were pushing on, but just the sense that there needed to be a greater emphasis on, again, on this innovation point. It's not as though anything jumped out as being limiting, except for, of course, the Web term, which clearly is a specific thing. But more that I think this is an important point that really the only mention that's in there now is – hold on. I'm losing my place on the document. I think it's under-emphasized. It's not … anything specific that's in here, but since this isn't written in stone, is there anything, David, that troubles you about this language?

David McCallie – Cerner Corporation – Vice President of Medical Informatics
No. I was pleased that it was generic about information exchange. It does not use language like the NHIN or anything that is—

Deven McGraw - Center for Democracy & Technology – Director
At least not until later.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes. We got issues later, but in this one, it seemed fairly open. I was afraid I was just missing something, and it's still early in the morning for me, so maybe I'm just not awake, but I'm certainly sympathetic with the enable new ways to do this. I just didn't see what was the stumbling block, and I just wanted to understand what I was missing, so I like the changes that were suggested by Paul.

W
Can I ask one…?

Cris Ross – MinuteClinic – CIO
David, this is Cris. I think, explicitly, my thing that I guess I was interested in is, you know, I think phone technologies are not explicitly recognized, and other mobile kinds of things. On number five, where it says we want to design for implementation by all participants, I think there is some tension of how much innovation do you allow in a set of standards, or do you want to encourage in a set of standards? I think, as we see in other places, there's a tension between technologies that exist today that are not seen as universally sufficient, right? But at least they're understood.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes. I guess I'd certainly agree with that. My concern would be that if it's hard for me to parse these subtle meanings as an insider, then the outsiders are certainly not going to parse them, so we need to be really explicit.

W
Yes.

M
Guilty, as charged.

Jodi Daniel – ONC – Director Office of Policy & Research
Can I ask one thing on this one? I think the concept of the Web, understanding that that's probably not the right word, was that there'd be mechanisms that take advantage of public communication options and not just proprietary network. Do we want to make sure we talk about leveraging public technologies that are widespread and publicly available?

Deven McGraw - Center for Democracy & Technology – Director
Yes, I think we should.

Paul Egerman – eScription – CEO
This is Paul. One of the things that I should point out is that most of these principles actually reflected wording in the document that Aneesh Chopra's implementation workgroup came out with. We took a lot of those sentences and reworked them a little bit, and I think the Web was one of the things that they called out. In other words, it did arise from hearings where they have these people from Adam Bosworth and … Microsoft come in, and so that's where it came from.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
This is David again. I agree with Jodi's prior comment about public Internet and sentiments like that, but I would point out that you can have a completely private exchange on the public Internet, so if the issue is control and access, then maybe we should call those issues out. I mean, you can't create an implicit public control by saying public Internet because I can create a private network and be completely invisible to you, even though I'm on the public Internet. So I don't know what's really at stake here. Is it about the control of this information, or is it about the channel somehow?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think we might need to move on because I think we might be guilty of over-reading these words.

M
Yes.

Jodi Daniel – ONC – Director Office of Policy & Research
Yes. Why don't….

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes, I agree with Paul. It was just the principle was just, we were going to use the Internet.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
So it's a very simple thing … all going to use it.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
…use information and communication technologies, and that really doesn't eliminate anybody.

Paul Egerman – eScription – CEO
Yes.

Deven McGraw - Center for Democracy & Technology – Director
Right.

Paul Egerman – eScription – CEO
We don't need to build something new, in other words.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Right.

Cris Ross – MinuteClinic – CIO
This is Cris. The only word that I think might have gotten lost in my wordsmithing that relates to that generally is this phrase of open standards somewhere in number three.

W
Yes. Thank you. I'd like to see that stay in.

Jodi Daniel – ONC – Director Office of Policy & Research
Were there other comments on principles, on other principles with additions or concerns about any of the principles that are here?

Art Davidson - Public Health Informatics at Denver Public Health – Director
This is Art. I had one question. Back up on the meaningful use, we talked about the public/private sector efforts to coordinate and harmonize to reduce burden on providers. In this section on principles, you have on number two, coordinate across federal resources, but I don't know where or if there's a need to kind of call that out about the public/private coordination to avoid conflict.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Does that make that concept elevated to an overall, overarching guiding principle? It seems like a pretty decent concept. To restate it from the theme one, it's public and private sector efforts to improve health

outcomes to enhance … well, it's a little bit too – so the concept was that public and private efforts be coordinated and harmonized to reduce the burden on providers and consumers.

W
Yes. I think that should pull forward.

W
To move that concept up as a guiding principle as opposed to having….

W
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Right. It seems like it'll pause everywhere. And, in fact, it's well stated in the statute. Good. We're protecting information everywhere it resides and is accessed, and we're making it less burdensome for everybody. Those are nice.

Jodi Daniel – ONC – Director Office of Policy & Research
Any other comments on the principles before we move to the objectives? Great. Let's move to the objectives, and I'm going to recommend that we give the time that we focus on the five numbered objectives and not get to the letters unless there's some major concern or folks want to move one of them up a level or something like that, so that we have at least some concensus on the objectives themselves rather than getting into detail on the strategies.

We have now just briefly the first is about enabling exchange by adopting standards and implementation specifications and data definitions. The second is insuring health IT products are interoperable. Establishing certification criteria for the use of all adopted exchange standards. The third is increasing market confidence in the interoperability of health IT products and solutions that support health and healthcare improvements. The fourth is increasing the nationwide capability for health information exchange. And the fifth is building confidence and trust in health information exchange, while making participation easier through governance and appropriate policies. And so let's talk about these objectives first and see if folks have comments on the objectives and if there are things that, in light of our conversation of the goal and kind of the rescoping of the goal that need to be modified, added, etc.

Deven McGraw - Center for Democracy & Technology – Director
Jodi, this is Deven. One thing that occurs to me is that there seems to be a strong focus on technical standards that's not even necessarily reflected in the sort of overarching structure for the certification criteria that are in the IFR where technical standards are adopted in some cases. But technical functionalities play a stronger role. And I think that the way that we structure these objectives should be consistent with the IFR at a minimum where functionality is one thing, but a specific technical standard and whether one is needed or not is another question.

M
I didn't understand what you just said, Deven.

Deven McGraw - Center for Democracy & Technology – Director
Okay. So I think that the way that the wording is, the way that these objectives are worded puts the adoption of standards and implementation specifications again as a very specific objective when what I liked about the certification criteria that were released in the IFR was that there seemed to be very careful consideration of when you needed to have criteria that systems needed to meet in terms of technical

functionality, but that was not always a specific technical standard, and in rare cases were implementation specifications, which are always at a sometimes excruciating level of detail. There was sort of this very careful, we are sort of growing this movement to a place where maybe some more specificity down the road, this kind of stage one, stage two phasing, not just in meaningful use criteria, but also with respect to how regimented we are with respect to technical standards. I just felt that the IFR had a kind of graduated approach to getting to more levels of specificity that isn't necessarily reflected in these objectives.

M
That's more of an incremental approach because the IFR does have the things that are listed here. I mean, it does have standards and vocabulary.

Deven McGraw - Center for Democracy & Technology – Director
Well, that's right, but it does not always adopt a specific technical standard or implementation specifications for every, in every area where there's a technical functionality that's needed. I just think that it's not merely wordsmithing. There's a gestalt, a theory, a building theory that's in place that's not necessarily reflected in these objectives.

M
Would that in the principles?

Deven McGraw - Center for Democracy & Technology – Director
Well, but I think it needs to be reflected in the objectives too. Enable exchange by adopting standards and related implementation specifications and data dictionaries. Yes, but it's—

Paul Egerman – eScription – CEO
Maybe what you want to add is the word incremental somewhere. I mean, basically isn't that what you're talking about? You want more of an incremental approach?

David McCallie – Cerner Corporation – Vice President of Medical Informatics
This is David. I think maybe the distinction is between specifying a functional spec and a policy rather than a technical standard under the assumption that the policy and functional behavior is what stays constant, although the standards evolve. Is that where you're headed?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Yes. This is Carol. I'm agreeing with that. But that's exactly what I think Deven is trying to say. Sometimes these things are achieved through a technical specification or a technical standard. Sometimes they're achieved through technical policy, which says you need to achieve this kind of an outcome. You need to be able to audit records and keep these ten fields for one year. That's not necessarily a technical standard, per se, a technical specification. But it's a technical policy.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes, and I think HIPAA, the HIPAA privacy and security is kind of the role model for that where they don't specify any standards, but they do specify policies that you have to meet.

M
The issue is what's written for one and two isn't wrong. It's just that you want a new thing called, I don't know … create policy….

Deven McGraw - Center for Democracy & Technology – Director
Right. It doesn't reflect the nuance and staged approach, as currently reflected in the IRF.

Judy F.
This is Judy. Let me ask a question. I'm looking at one and two, as I'm listening to this conversation. I'm wondering if there is sort of an objective that goes over this about identifying and developing policy on appropriate technical specifications and functionalities and technical policies to support meaningful use, to support exchange, whatever the two is, and then maybe one and two are really strategies for doing that, and maybe you have to have some qualifier in there like, where appropriate or something like that, to say that there are different strategies for meeting that broader objective. Sometimes it's a standard, sometimes a technical policy. Sometimes it's an implementation certification, sometimes certification criteria. Sometimes it may be all of them.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Can I try addressing Deven's comments and, at the same time, perhaps lumping some of these objectives? Reducing five to three objectives. And it may start out with something closer to number four, which is increase the nationwide capability to exchange health information through appropriate policies and technical standards. I believe that leads with the concept that Deven talked about.

W
Paul, can I interrupt for a second? Isn't that pretty much restating the goal of the whole theme?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Well, you're exactly right. Let me see if the other two, and maybe we either take some away, or maybe it's worth it. The other two, one is to establish the appropriate technical standard for interoperability, and two, to increase confidence in interoperability through certification. I guess one is to lead with the notion that there is a way to increase the nationwide capability for exchanging health information. And it's through appropriate policies and technical standards. That was Deven's point, I think I heard, and you're right that it mirrors the goal. And then there are a couple of other things that address the actual need for technical standards in some areas, and a way of improving the confidence in the system through certification.

Paul Egerman – eScription – CEO
This is Paul. I think those are interesting comments, but I don't see how certification increases confidence.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I was trying to mimic the number three, which is increase the market confidence. And a lot of that has to do with the certification process, so that's how we got that, reworded that.

Paul Egerman – eScription – CEO
The reason I say that is to do this right, from the standpoint of exchange, what's written here for one and two is correct. You have to; the government has to adopt standards, and then the government has to adopt basically certification criteria surrounding those standards. That's how you're going to get exchange. Now you could lump those two together, in other words, one and two. You could make that one concept that you're going to adopt the standards, and you're going to establish certification criteria for the exchange standards. But that by itself, in my opinion, doesn't necessary increase confidence. You're increasing confidence….

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
You're saying there is a need for a third objective, meaning the confidence. Is that what you're saying?

Paul Egerman – eScription – CEO
Yes…. I think so. When I say a third objective, I lost count. What are the other two, Paul?
Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Well, reading from the original, like you say, one is adopt standards; two, have certification criteria for those; three, you're saying there are other ways of increasing the market confidence; and, four, they have a nationwide capability; and, five, the confidence in the information exchange.

Paul Egerman – eScription – CEO
I certainly agree when you get to like three and five, I get confused because….

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes … right.

Paul Egerman – eScription – CEO
…twice, and so maybe one way to think about grouping these things is you take what's currently written as one and two, which is the adoption and certification, and say, well, that's the technical stuff, and we sort of take those sentences and group it together. That perhaps we have some sentence that's trying to reflect your earlier discussion about policies, that we're going to establish policies and an incremental approach to advance ourselves towards exchange, and then you have a third thing that is around confidence.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Yes. This is Jim. Three is largely redundant of two … almost restates two, and so there probably is an opportunity to fold three into two and make that more clear.

Cris Ross – MinuteClinic – CIO
This is Cris. I had heartburn with number two, and maybe deleting it solved the problem. The idea is I think that you could interpret that. It's the word "all" is a problem and the idea of product interoperability. There's a viewpoint that says that the products need to be certified on a wide range of things all the way down to the core of the product. Some of that certification has nothing to do with interoperability except for very tangentially. So I think the policy needs to make sure that we have systems that interoperate with the exchange, not necessarily product-to-product interoperability. My concern is that people are going to confuse that if we're not clear about this language.

Paul Egerman – eScription – CEO
This is Paul. I have to say, I disagree with that statement mainly because if you look at the IRF, one of the really great things about the IFR is it talks about modular products, the idea that consumers or providers can purchase their products from multiple sources, so you do need to have product-to-product interoperability for that to occur. I have to say, it's one of the most exciting parts about the IFR. I did have a phone call with one of these people that somebody else called perverse vendor, and they were all excited about that thing.

Cris Ross – MinuteClinic – CIO
No, I think the IFR is great, and I think it went in the right direction. I just don't think this language is as good as the IFR stuff, and I think it's the responsibility of individual parties to make sure that their pieces conform with each other.

Paul Egerman – eScription – CEO
Yes, but that's where we are right now, and we have zero. It's like almost impossible to do. There's a clear need for the government to step in, and the government has with the IFR.

Cris Ross – MinuteClinic – CIO
That deserves further discussion that I won't try to belabor here anyway. I think we may very well be on the same page, but I do think we have a problem if we are asking the federal government to be responsible for processes for enterprise integration. I just think that we won't succeed with anything.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
This is Patti. I actually appreciate the sentiments that are being expressed, and I think criteria, certification criteria for exchange standards alone is insufficient. So it's probably the way it's stated. I'm not … arguing against certification, but I am saying to restrict the certification to the exchange standards and not to any other standards seems odd to me.

Paul Egerman – eScription – CEO
Yes. This is Paul. I agree with you. It's not by itself sufficient for exchange, but it is one component that's important to do. There are a series of strategies and objectives. This should be at least one of them.

W
Can I suggest maybe … and I'm just trying another approach here, and I'm not sure if it'll fly or not, but one thing, and then actually splitting out on one, so one objective focusing on interoperability and exchange, which would bring in sort of what's currently one and four. Standards where appropriate, but also kind of some of the other technical capabilities and infrastructure that needs to be in place for exchange to occur. Two and three on product capabilities and certification, market confidence, and I'm not wordsmithing here, but just trying to lump these. And then it seems to me that then five actually probably needs to be broken out based on, I think it was Patti's comment about something that I see that's missing. So this is all talking about policies related to information exchange, but we're missing other types of policies like the liability, like product safety, some of those other things that are policy focused, but seem to be not captured here. Just throwing that out for discussion.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Just a time check, I think we probably have about five minutes….

Deven McGraw - Center for Democracy & Technology – Director
Yes. This is Deven. I'm in agreement with Patti. Some of those issues, HHS has some ability to influence, and others are a little trickier. Like the liability issue is largely a state law issue, not that we couldn't resolve it federally, but we've been stymied by trying to tackle that one before, but it's definitely among a list of issues that creeps up that create obstacles to, in some cases, move forward. I'm just struggling to figure out how to fit in here if we don't in fact have a way to necessarily address it.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
This is Patti. Deven, you bring up actually a point that might help us address this, which is, we might simply need to state something like "appropriate federal and state governments" or "appropriate federal

and state policies" because actually, as you mentioned, that this section is largely silent about the state level.

Deven McGraw - Center for Democracy & Technology – Director
Yes.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Certainly while the technical infrastructure isn't hopefully going to get much around by the state, there certainly are a lot of state level laws about both accountability, as well as data exchange. I guess, Jodi, this is going to get back to your desk to have people give it … to say are there places where we could easily insert federal and state, and would that take care of the fact that there's a pretty broad set of policies, not only those related to data exchange, but also accountability and fair use and accessibility by the individual. Penalties for misuse, I think that's addressed later on.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
This is David. I know we're about to run out of time on this subject, and I just want to register one additional thought. It sounds like maybe some of these things have to be revisited. It introduces the NHIN without really kind of defining what that is, and it seems to me that that phrase, NHIN, means quite different things to different people. And in the document that's to provide a five-year vision without sort of defining what something so fundamental is, I think leads us to some confusion. Whether we need to define it parenthetically or—

W
I might go for a footnote of parenthetically….

M
David, I think you could footnote the current NHIN definition out on the Web page, which is different than the NHIN kind of prototypes. That would be the place to start.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes. I don't know if NHIN is the federal health administration effort or if it's the protocols that they're using. It's just very confusing.

Jodi Daniel – ONC – Director Office of Policy & Research
I suspect we are – given that we're out of time on this one, we're not going to have this one completely locked down before tomorrow. One suggestion of an approach to ove forward and looking for folks' input is that we try. I think we've got some concepts down. We'll try to bring this maybe up a level for conversation with the policy committee. We may have some interesting insights the policy committee brings to our attention, and just when Paul and I present on this, we can say this is an area where there are a series of different issues we're grappling with, and that we're going to do more work on, and that this one isn't quite as settled.

Then Seth can go back and talk with the folks and try to align this better with the IFR, as well as trying to figure out how we capture some of that policy piece. If folks do have – then the last caveat is if folks do have any particular suggestions that we might want to work from, just send them to Seth after this call, and we can use that to try to come up with something that we'll pull together at a slightly higher level for the policy committee tomorrow. Is that an okay way to proceed? Are folks comfortable with that?

Patti Brennan – UW-Madison – Moehlman Bascom Professor
This is Patti. That sounds good to me.

Jodi Daniel – ONC – Director Office of Policy & Research
Then what we would do is try to maybe … a little more time on the agenda the next time we speak or next time we meet with the subgroup that was talking about this to focus on this theme a little bit more and try to flush it out a little better. Paul, what do you think about that?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think that sounds fine. These are tough issues, but fortunately we do have the time. And, as Jodi mentioned, we'll get some more feedback tomorrow and incorporate that into our work.

Jodi Daniel – ONC – Director Office of Policy & Research
I think that a lot of, I mean, there's a lot of meat here, and it's not as well defined as some of the – particularly because NHIN is a little bit more, you know, open, particularly with an NHIN workgroup talking through this stuff, as opposed to meaningful use where there's a little bit more clarity on it, and I think it actually might benefit from a little more discussion of the smaller group and then this larger group.

Paul Egerman – eScription – CEO
Would it be any benefit before tomorrow's meeting if some of us got together who are attending the meeting, at like 9:00 in the morning, and tried to hash through some of this?

Jodi Daniel – ONC – Director Office of Policy & Research
I'm not sure that we would have time to pull it together and get, because we have to get materials pulled together for tomorrow's meeting pretty quickly. I'm not sure we'd be able to process it fast enough.

Paul Egerman – eScription – CEO
That makes sense.

Jodi Daniel – ONC – Director Office of Policy & Research
Not to cut off the discussion at all. I think it would benefit from more discussion, but I'm just looking at the folks in the room that have to actually get the materials and the packages out.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Right. I forgot. Do we have another call already scheduled for this group, or we still have to do that?

Seth Pazinski – ONC – Special Assistant
February 9th, the same time, 9:00 to noon eastern.

Jodi Daniel – ONC – Director Office of Policy & Research
And we'll try to pull together some of the smaller group meets in advance of that meeting.

Seth Pazinski – ONC – Special Assistant
Right.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
So we'll go from this simple topic to one that's even simpler, which is theme three, privacy and security. The advantage of this though is, after we get through this conversation, we do have a separate workgroup on privacy and security led by Deven and Rachel. So we'll have the benefit of the folks that are focusing in on that, so that's one of our outs. But Jodi, why don't you take it from here?

Jodi Daniel – ONC – Director Office of Policy & Research
Sure. Thanks, Paul. The goals that we've articulated here is build public trust and participation in health IT and electronic health information exchange by incorporating privacy and security solutions in every phase of its development, adoption, and use. Then some of the principles that were identified here were that the solution should both enhance privacy and security, while facilitating appropriate access, use, and exchange of information to improve outcomes, so that there's that balance. That privacy and security solutions should build trust among all participants in health information exchange, should take into account where the data resides.

That security includes data integrity. There's a long conversation about that. That privacy and security solutions should be flexible to adapt to evolving technical capabilities over time, and that privacy and security solutions should be consistent with the nationwide privacy and security framework for electronic exchange of individual identifiable health information exchange, which ONC put out in December of 2008 and are working on some more detail of, and those are listed here. Any thoughts, comments, input on the goals and principles?

Paul Egerman – eScription – CEO
Deven, this is Paul Egerman. Security of health information includes data integrity? I don't know if that's just a wording issue, but data integrity….

Deven McGraw - Center for Democracy & Technology – Director
Yes. That's a question for Jodi, Paul, because I didn't write that.

Paul Egerman – eScription – CEO
I wonder if someone could explain that then.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
This is David. I may have been the one who brought that point up. It has to do with the tamper proofing of the data, as it leaves the hand of the creator and bounces around the perverse players. How do you know that the data has not been spoofed or modified in some way? That point was missing, and I think that was a trust issue that I suggested or someone suggested that be rolled up into the total concept of security. It could be brought out as a separate point. It doesn't really matter to me.

Paul Egerman – eScription – CEO
David, that's helpful. Somehow the phrase that's written here is security of health information includes data integrity. I thought that meant something very different than what you just said.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes, I don't necessarily like the words.

Paul Egerman – eScription – CEO
…basic principle is you want to insure the security of health. You want to insure the integrity of data, as it is exchanged or as its transferred.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes. I think if it's brought out to a separate point about the trust and the data, data integrity is essential to enabling trust. That's fine with me. I'm not arguing for the language as much as that the notion of integrity of the data not be lost.

Deven McGraw - Center for Democracy & Technology – Director
Yes. This is Deven. I don't disagree with that at all. It just seems like it's subsumed into a principle about that solutions ought to build trust, and that we ought to make sure that objectives – it sort of seems weird to put that in at a kind of overarching principle level. To me, it may belong more in objectives, but I do think it should not get lost in the conversation.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes. The reason to elevate it is, in my opinion, simply that if you have discussions with providers about health information exchange, it is the number one subject that comes up. How do I trust that that data is what … that it's accurate, that it's not been tampered with? I don't have a single conversation where that isn't the first issue that comes up.

Deven McGraw - Center for Democracy & Technology – Director
Right.

Paul Egerman – eScription – CEO
From my standpoint, that explanation is fine. It's just an issue of wordsmithing. That's not what I understood when I read what is written here for four.

Deven McGraw - Center for Democracy & Technology – Director
Yes, and maybe it goes into some sort of sub-bullet to the building trust principle.

Paul Egerman – eScription – CEO
It could go into building trust, or it could stay here if it was just worded a little differently.

Jodi Daniel – ONC – Director Office of Policy & Research
Could we just do maybe two, we can change to privacy and security solutions should build trust among all participants in health information exchange, including focusing on confidentiality and data integrity, or something like that to make sure that it's part of what we mean.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
That would be nice. It's a good lumping.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes, I like that.

Deven McGraw - Center for Democracy & Technology – Director
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes.

W
Yes, I like that also.

Deven McGraw - Center for Democracy & Technology – Director
Here's another suggestion, and that is, the principles of the framework are listed just by their titles, and so I think that feels really empty. It doesn't really say very much. And the first sentence in that framework that goes with each of those principles provides much more richness to the conversation. These are essentially an articulation of fair information practices that has governed every effort we've ever engaged

in as a nation with respect to data use. Not these per se, but they're based on fair information practices, but I'd like to articulate them in more than just listing them by their titles. And it wouldn't take that long to just grab the italicized sentences out of each piece of the framework.

Jodi Daniel – ONC – Director Office of Policy & Research
That's easy enough to do.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
This is Carol. Just for what it's worth, if you have data quality integrity in the principles, I'm not sure why it needs to be restated.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
This is Patti. What I don't see in the principles is a specific statement about integrity, and so data quality could be assumed that the quality, as the data is acquired or it has clinical significance….

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
It says data quality and integrity though.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
I'm sorry. Then I'm misreading you. What page are you on?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
I'm on the latest draft where the principles are listed.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
The guiding principles?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Theme three, privacy and security, number six.

Don Detmer – AMIA – President & CEO
Can somebody show me where authentication is in there?

Paul Egerman – eScription – CEO
I'm confused. Where's data quality?

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Yes. I'm looking on page seven, and my principle six says privacy and security solutions should be consistent with the nationwide privacy and security framework, etc.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
I have a set of bullets after that.

Paul Egerman – eScription – CEO
I see it.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
I have to turn the page. Sorry.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Page eight.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
I see, so it's embedded in that framework and doesn't need to be pulled out separately.

Deven McGraw - Center for Democracy & Technology – Director
Yes. Then actually if you actually had more of the sentences, you know….

Deven McGraw - Center for Democracy & Technology – Director
Again, a lot of the points that we're raising are actually covered.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
I'm with you, Deven. I think if you have one sentence explanations of them, that would be great.

Jodi Daniel – ONC – Director Office of Policy & Research
What if we add the one sentence explanation of those, and then we can probably drop the data integrity, unless folks want to keep in two because it's actually, it will be covered here and explicitly listed.

Deven McGraw - Center for Democracy & Technology – Director
Yes. I think folks will want to see how it's articulated for those who are not as familiar with the framework as some of us are. But nevertheless, there's a lot in there.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Deven, you're suggesting, in substituting the sentences for these six principles?

Deven McGraw - Center for Democracy & Technology – Director
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I'm fine with that. I just wanted to understand your suggestion.

Deven McGraw - Center for Democracy & Technology – Director
I think so. Maybe except for number one because I'm not sure that that's the notion that privacy and security is an enabler to and should be viewed as an enabler to the access, use, disclosure, and exchange of data to improve health. It may not necessarily be that articulated quite as succinctly in the principles, but we could take a look at them and see. Once the framework, those principles in the nationwide framework are flushed out a bit more, it could be that they subsist on their own without anything else.

Paul Egerman – eScription – CEO
Maybe that should be moved up to point number one, and then any subsequent changes is with respect to that framework.

Deven McGraw - Center for Democracy & Technology – Director
Right. That's right.

Jodi Daniel – ONC – Director Office of Policy & Research
I'm not sure I understood what all that was. Let me just make sure I understand. We're talking about moving basically six up to one.

W
With all of it.

Deven McGraw - Center for Democracy & Technology – Director
With all of it flushed out.

Jodi Daniel – ONC – Director Office of Policy & Research
…sub-bullets, and the bullets would actually have the principle listed, that one sentence principle that goes with each one.

Deven McGraw - Center for Democracy & Technology – Director
Yes.

Jodi Daniel – ONC – Director Office of Policy & Research
Then which of the other? Are you suggesting that the other ones go away, or that some of them go away? I'm not sure I….

W
If they're redundant with these.

Deven McGraw - Center for Democracy & Technology – Director
If they're redundant, so I would say that four is redundant. Are others redundant?

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Maybe two is redundant.

Deven McGraw - Center for Democracy & Technology – Director
Two is probably redundant.

W
I think three is redundant because….

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I almost think it could be a substitution.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
This is Patti. I guess I would like to see one of the principles expanded to have the issues of trust, security integrity, be attached to the data and not just where the data resides, so a data element being exported from a hospital to a Google Health should have the protection that it had at its origination and not simply what Google Health was able to provide.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

I don't agree with that, saying that the trust has to be attached to the data. We could have a long debate about that, but I don't know that I would explicate it that way. I think the objective is good, but saying that it's tied to the data is a different statement.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
I appreciate that. The way I think of it is in the context of Providence, and that the data elements should know something about its security status and its permissions for use status. Down the road, I'd be concerned about a couple of things becoming more restrictive data simply because it's moved to a more restrictive environment, or actually limiting access and use to data because the data holder, not the data owner, has put some constraints on it.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Again, I think, in theory, that has merit. But in practice, it is difficult to impossible.

Don Detmer – AMIA – President & CEO
I'm curious about authentication. Can anybody see that in there?

Jodi Daniel – ONC – Director Office of Policy & Research
It's in safeguards under the principle.

Deven McGraw - Center for Democracy & Technology – Director
Yes. You won't see it on the document in front of you, Don. It's reflected, though, in the framework, which is why I was urging us to include more of that in here.

Don Detmer – AMIA – President & CEO
Okay. I think that's important. The other thing, I guess the question I've got, I apologize. Apparently I was put in the audience for about three quarters of this. On improving outcomes, I guess we could reference back up earlier, but that's, you know, one sense of improving outcomes is also legitimate research and so forth. I guess the question is, how is that likely to be read…?

Jodi Daniel – ONC – Director Office of Policy & Research
Don, you're talking about principle one?

Don Detmer – AMIA – President & CEO
Yes.

Jodi Daniel – ONC – Director Office of Policy & Research
Thank you.

Deven McGraw - Center for Democracy & Technology – Director
Don, I think what we were trying to do here, because I may have encouraged this articulation – this is Deven – was to put into – say something … we're not ever talking about the exchange of information for any old purpose whatsoever. That this entire document is talking about how we're building the tools for improving healthcare and positioning health IT as one of those critical tools, and the privacy and security provision should be facilitating the access, use, and disclosure of information all for that purpose, tying it to the other pieces of this, which is, you know, it could be – I think the wording could be improved, but that was the intent.

Don Detmer – AMIA – President & CEO

Okay.

Jodi Daniel – ONC – Director Office of Policy & Research
Let me suggest that, okay, we moved number six up to the top, to keep one, but maybe need some wording change. I think we keep five, and then the question is, is there concensus on three because I heard the debate between, I think it was, Patti and Carol about taking into account where the data resides versus attaching it to the data. Are we comfortable with the language, as it read before, or should we just drop that one entirely?

Deven McGraw - Center for Democracy & Technology – Director
My owns sense is that we should put in those framework principles, and then reassess whether there needs to be some statement about protections maybe being contextual or whatever we think we need to say in addition to that. I think it's very hard to wordsmith those in the absence of having that language in front of you.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
This is David. I agree. It's hard to know what that means, take into account where the data resides. Of course it should. What should it account for? We need more context.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
I think it's going to be hard to do this on the phone. I would agree with that. This is Patti. But I do think that this is an important element to retain because a copy of the data residing in one place is different than the originating point of the data. There are certainly debates about whether the originating point should trump every other site where the data appears, and other voices … address differently.

I would say, I hate to leave a principle as it depends, but somehow we need to say something to the affect that privacy and security protections are informed by a number of aspects, including where the data originated and where copies of the data or the original data are stored. And I don't know how to make that small.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
This is David. I think that the principle there is that it should be, if the goal is to manage the privacy even in the copies, then we should raise that as the issue rather than simply say account for it.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
The concern that I had, frankly, is that the privacy blanket sometimes interferes with really good, informative data integration, either … patient's need or under a clinical setting. And it also sometimes gets extended to data that are not originating in a clinical facility, but still have value to the individual. To me, this has issues related to … what I think is a fairly innocuous example, apropos the blood pressure discussion earlier. If you have an automatic signal manometer at home, and you have blood pressures checked at the clinic, can they be integrated? And if they are integrated, what's the level of protection that has to go on them if you're trying to calibrate your effectiveness of your weight-training program based on looking at your blood pressure? There would be a reason to want to pull both of them, and so I think we have a situation here with data elements, intended use. Sources should not be always driven by the most restrictive privacy standards, but actually need to have a balance between privacy and data sharing.

Jodi Daniel – ONC – Director Office of Policy & Research

This is Jodi. Can I just suggest that – I feel like we're kind of getting in the weeds on this, number three. It's kind of taking us down the rabbit hole, and it seems to me that one is trying to, at a very high level, at a principle level, capture that balance that the solution should enhance privacy and security while facilitating appropriate access … exchange of information to improve outcomes. It's talking about that that's sort of capturing not necessarily the most restrictive privacy and security policies are the right one because there is the need for access.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
I get that, Jodi, and I agree with you.

Jodi Daniel – ONC – Director Office of Policy & Research
Okay. Can I suggest, in the interest of time, and because people don't have the actual language of the privacy and security principles and that framework laid out, that we will articulate that in more detail and keep the others that we have concensus on, and let's move to the objectives so that we can get some good discussion on those before we run out of time.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Can I give you your five-minute warning, please?

Jodi Daniel – ONC – Director Office of Policy & Research
You're kidding. Quickly, objectives, we only have three here. Identify and prioritize general privacy and security needs for all stakeholders. Improve, develop, promote, and enforce privacy and security laws and appropriate policies for all aspects of health IT and health information exchange. And, three, increase providers' and individuals' understanding of policies and practices to protect privacy and security of health information.

Deven McGraw - Center for Democracy & Technology – Director
Yes. I don't necessarily quibble with the overarching ones. I have lots of issues with the little bullets, but we've got time to work with those.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
With respect to number three, I think we have to be mindful of what might be apparently perverse players that should be in here, for example, school health where sometimes the privacy issues are related to school and use level issues rather clinical care per se. There are issues related to reselling of anonymized data. There are issues of data mash ups and such. So I guess, I think, for number three, the fact that it's only restricted to providers and individuals and not to researchers, not to pharmaceuticals, not to schools, public health, suggests to me that we need to expand this.

Deven McGraw - Center for Democracy & Technology – Director
Good point.

Jodi Daniel – ONC – Director Office of Policy & Research
We can broaden that. That's a good idea.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
I don't think it's necessarily needed to change one and two because I think one and two are broad enough, but three did not include that.

Deven McGraw - Center for Democracy & Technology – Director

Yes, one and two seemed to have kind of a greater universe of stakeholders.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Right.

Deven McGraw - Center for Democracy & Technology – Director
And that one was more specific. Three is more specific.

Jodi Daniel – ONC – Director Office of Policy & Research
It's a fair point.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Jodi, do you have some thoughts on how the work on this theme can or should relate to the privacy and security workgroup output?

Jodi Daniel – ONC – Director Office of Policy & Research
I'm thinking, and I'll refer to Deven as well.

W
Can you sing when you're thinking, please?

Deven McGraw - Center for Democracy & Technology – Director
Yes. You know, I'm also curious about that because we're just beginning – this is Deven – to flush out an agenda for topics that we'll take on and some sort of sense of priority order, and that, of course, you know, one could argue that we're attempting to formulate our own objectives and strategic plan, which a broader set of individuals providing feedback on that is always welcome. But I sort of want to understand how to make sure that we're not stepping on each other in that regard.

Jodi Daniel – ONC – Director Office of Policy & Research
Right. I may be that some of the priority areas that the workgroup is looking at may come under some strategies for dealing with these because these objectives are fairly high level. One is focusing on identifying the privacy and security and the policies. The second is basically enforcement and compliance of the policies or developing, promoting, and enforcing those policies. Then the third is educating on those, so they're fairly broad. I think the workgroup is probably going to be at a much more detailed level.

Deven McGraw - Center for Democracy & Technology – Director
Yes.

Jodi Daniel – ONC – Director Office of Policy & Research
They're going to think through what some of those policies should be probably under one and two. So I don't think that we're going to have a consistency problem particularly because the objectives that they articulated are fairly broad. What we may do though and, Deven, we may want to just have a kind of brainstorming session on this is think about making sure that we have strategies that align with some of the priorities that that workgroup is thinking about, and that we have talked about based on what ARRA requires, what some of the things that we're thinking of doing in HHS, and some of the priorities that you all have identified as workgroup, in that workgroup.

Deven McGraw - Center for Democracy & Technology – Director

Yes. This is Deven. I think that makes sense because I had a lot of questions about these little bullets, and they're exactly in that sort of bucket of where are the sorts of priorities with respect to specific things that need to be addressed. If we're just articulating this tomorrow at the level of objectives, I think you're right that it's completely consistent with where we've gone so far.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
It sounds like a fairly good agreement on these high level, enumerated objectives, and that you and Deven will work together as far as figuring out how to harmonize the strategies.

Jodi Daniel – ONC – Director Office of Policy & Research
That sounds good.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Is that fair?

Jodi Daniel – ONC – Director Office of Policy & Research
Sounds great.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Good. Perfect timing. We'll move on to theme four. This is a theme where we're creating a much more future vision of a learning health through the effective use of HIT. The goal of which is to transform what we have currently as a healthcare delivery system into a high performance learning health system leveraging information and the technology.

The principles are that we improve the integration between EHRs and HIT so that they deliver the value that's appreciated by the consumers and the patients; that the transformed health system is one that involves both health and healthcare; that HIT foster, should empower individuals and foster an environment of increased responsibility, and that there's synergy amongst the HIT infrastructure and applications to create a better whole system. The whole is better than the sum of its parts. Maybe I should stop there, and we can work on the principles first.

Christine Bechtel - National Partnership for Women & Families – VP
Paul, it's Christine. If nobody is going to jump in first, I guess I will. And I have to say, I struggled with this area because I felt like a lot of them were almost more overarching principles, but not particularly specific to a learning healthcare system. And so I made some additions and changes. I, again, took out the sort of behavior change stuff around consumers, but I thought that this should – I just didn't understand how the first and third principles really related to a learning healthcare system, so I added some things like health IT and secure information exchange should facilitate rapid learning and innovation about what works best in treatment, decision making, and health outcomes improvements. Then I added a second one that said health IT can help engage patients and providers to take active roles in development and dissemination of evidence about what works best, and that I got from the IOM report on the learning healthcare system. So I just felt like it would be good to step back and really try refocus this area.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Yes. This is Carol, and I agree with that, and I like what you said, Christine. I struggled with this too. I think the principles are too focused on integration and not enough on things like making sure that there is knowledge to improve decision making of all the participants.

Paul Egerman – eScription – CEO

This is Paul. I agree with what Christine said. I like the use of the word evidence … because it seems to be a learning system, health IT learning system somehow uses the data as evidence to do other decisions, and continue some sort of iterative cycle, so I like what Christine said.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I thought it was really well worded as well. I'd almost like to include those two that Christine mentioned, and then I'm not sure I got the exact wording for Carol, but almost those three can substitute. I'm not sure that any of these existing four either add or do any better than what Christine mentioned.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Yes. I sent detailed revisions yesterday morning, so I don't know if it's worth going over it here, but I did send it in.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
If they're in the spirit of what … particularly by Christine, I'm comfortable with that.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Yes, they are.

Christine Bechtel - National Partnership for Women & Families – VP
Then I had a change to the one that says a common HIT infrastructure architecture should be established. I'm not sure I understand that, so I will say that upfront and be candid, but the piece that I added was really a question, which is whether it should stay, that the infrastructure or architecture should be established to synergize learning and innovation efforts. I just wasn't understanding how that common architecture is supposed to be specific to a learning healthcare system. I think it either comes out or gets clarified.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Yes, I had the same approach, and I would just argue that NHIN workgroup has come down to some language that I think would be helpful here, which is … methodologies, policies, and standards that will enable rapid and efficient creation of knowledge to improve health or to create evidence or whatever word you want to use, but it's not really. The word infrastructure is completely loaded here, and it's not really clear what that means, but methodologies, policies, and standards, at least in the way we're thinking about it at NHIN, standards, policies, and services, if you will, is, I think, a better articulation.

Paul Egerman – eScription – CEO
This is Paul Egerman. I looked at what was written there, and part of my reaction is maybe that's the missing link for our discussion about principle number two when we were sort of wrestling with a lot of issues that that's a good principle, but it belongs more on the exchange and data infrastructure side than it does on the learning health systems.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Theme two?

Paul Egerman – eScription – CEO
And maybe once we put it there, some of the rest of that discussion will start to fall into place better.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

A little bit to recount what we said last time, I think this is not well worded, but the basis of it was our discussion that to learn, we need to be able to make, to do this secondary use. Secondary use is public health. It's clinical research. It's mining data for creation of knowledge. That's, I think, what we meant, and didn't capture well, to refresh your memory.

Paul Egerman – eScription – CEO
That's helpful because with that explanation, then it does make sense to put that here. That really is necessary to be here.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Correct.

Christine Bechtel - National Partnership for Women & Families – VP
Can you say that again, Paul? Sorry.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
We need, and I'm sorry for the word infrastructure, but we need some common architecture that allows us to not only get information to where it needs to go to make individual decisions, but to support all the so-called secondary uses like public health, population management, clinical research, and data mining for creation of new knowledge.

Christine Bechtel - National Partnership for Women & Families – VP
What do you mean by architecture? Like we need a network, or we need agreements about services?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
As Paul Egerman, it's buried into theme two. We need everything in theme two, and we struggle with how to word that, and we're having the same struggle. But in this piece maybe as part of the principle, we need to leverage that common way. It is an infrastructure to be able to access and make use of that data in ways that advance learning for the health system. If we can do a better job at articulating that principle, I think that belongs here, and it definitely draws on what comes out of theme two.

Paul Egerman – eScription – CEO
Yes. I don't know how you do that, Paul. Although, instead of infrastructure and architecture, instead of in addition to, I might suggest you look at data definitions, vocabulary, or something like that, but that's part of what you need to help drive this.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
This is Jim. We might use what we did in theme two, something like policy and technical specifications.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Yes. That's what I was saying before, instead of architecture. I'll read you the two of them together, the two bullets together and see if this works. Something like the approach should allow for population health learning across a large network of distributed data sources while protecting privacy and confidentiality. That's one. The second is establish the methodologies, policies, and standards that will enable the rapid and efficient creation of knowledge to improve health and healthcare.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

If that stuff can be in theme two, is there a word or two words that can just grab that, which is what infrastructure was supposed to be, and make use of that for creating the learning health system?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
I'm sure that's possible with….

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
When you think of theme two, then we'll just use that and say, the way we would like to leverage that is to create – we would like to leverage that to create the learning health system.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
We'll work on that, but I think we'll probably replace the other three with what Christine mentioned. Maybe we should move on to objectives.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
Paul, this is Steve Stack. There's one other principle that I would suggest, the concept…. I've been trying to wordsmith it, but the gist is to improve the public policymaking process through a data supported understanding of both the synergies and conflicts between individual and population health. That's clumsy, but the key is this. We can't continue to promise every individual can have everything you want whenever you want it, like you want it, and be able to afford to pay for that. And we have not heretofore done a very good job informing individuals the cost of the system we have compared to the cost of a more communal approach to things. Does that make sense?

Everyone says, if you don't give me my preventive health service, then … right to that service. But they don't realize all the other things they've been deprived access to because there's not enough money to pay for other things that would be a better societal benefit, which includes … individuals. There's no integration here to public health at the overall level.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I understand the balance you're referring to, Steve. I'm not sure where to put it, and I'm not sure it belongs in this particular theme. It perhaps is a more overarching theme.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
It could be. It's just when we're talking about a learning health system through the effective use of HIT, which is the title for this, I guess part of it has to do with the population health as opposed to just the system itself learning how to better manage an individual patient with cardiovascular disease. But as long as it's somewhere in this, I guess, but I sort of think it could fit here, but it may not.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think population health is definitely in here. It just sounds like you were bringing in the cost tradeoff, which is, of course, important. I'm not … benefit in the learning health system piece. We'll try to find a place for that concept, and perhaps it's actually way up in the preamble.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
This is Jim. I'd actually suggest that costs, the feedback of costs is one of the things that's important for all of the participants on the healthcare team.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I can't disagree with that either. I wonder if there's a place for it in one of these objectives?

Seth Pazinski – ONC – Special Assistant
This is Seth. I think this gets back to the previous discussion we had on theme four, which was the concept of values, which maybe is just not as well represented here….

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
That's a very good point. I think it's how that got lost. And so it's not just the medical learning or the – it's the whole value.

M
I like that too.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. Looking at the objectives, so one is creation of the knowledge and the tools, so people can improve their health and their health behaviors. Maybe Christine can comment on that one again. Another was to essentially create the community knowledge from the providers as a way to constantly improve. A third is – oh, that's right. This is where we had individuals sort of … providers and community. So the third was create the community systems that allow the partnerships and the learning to derive therefrom. And here's where we started to explain ourselves about number four about this common architecture that allows this information and knowledge to be amassed. And five, we threw in, we added to it the public health and population health as a way that – well, we wanted to improve population and public health through this same base. Then I guess six was our innovations.

Christine Bechtel - National Partnership for Women & Families – VP
Okay. It's Christine….

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
It's still not hanging together right.

Christine Bechtel - National Partnership for Women & Families – VP
I'll jump in on one.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. Go ahead, Christine. I'll just say that, Seth, what I'm going to suggest here is a slight modification to what I submitted, having had the benefit of some sleep. That is, I would say in number one, create knowledge and tools for healthcare professionals and for patients that promote high quality decision-making. And then I have a sub underneath it that says foster the use of and continually integrate evolving evidence into clinical decision support tools for both providers and patients. And there are probably tons of strategies there. Yes, I guess that's a strategy, but I was trying to think about things particularly like decision support for our patients and providers, etc.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
This is Carol. I have a suggestion to number two, not necessarily to the beginning of that sentence, but to add something at the end that says … we talk about enhanced lifelong learning and its application to the care of individual patients. And I had something that added the concept that we want to encourage systems that can rapidly share knowledge and allow providers to work together to innovate care delivery. In other words, it's not just the creation of knowledge, but it is the collaboration in creating that knowledge.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think that was the concept that was in the leverage, but I think you said it better.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Yes. Anyway, I submitted this as part of my comments.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. Good.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
On the architecture one, I said something like invest in technologies, policies, and in issues that increase the use of and improve techniques for distributed analysis and protocols or something along those lines. I can't remember exactly what I said, but I think we should get away from this idea that there's a market…. People tend to see that as … I don't think we want to….

Patti Brennan – UW-Madison – Moehlman Bascom Professor
This is Patti. If I can send that back to you, Carol, you're arguing to revise that to be more functional in its statement rather than explicitly saying something like architecture speak more to what the architecture enables?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Yes. I made a similar point in the principles section, which is that I think what we mean here, it really comes down to … protocols and methodologies and policies for how information is shared and used … integrated, not necessarily building some big architecture.

Paul Egerman – eScription – CEO
This is Paul. What you said there makes sense to me too because I was thinking about what are the components to do what Paul said. One of the components, for example, is data definitions. But you don't want to call out data definitions. It's better to simply say … develop policies that enable this.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
And standards and methodologies.

Paul Egerman – eScription – CEO
Yes.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
These all have to sort of go hand-in-hand.

Paul Egerman – eScription – CEO
Right. There are a number of things involved, so putting it at that high a level at this point makes sense to me.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
At the risk of, can we spend 60 seconds on trying to come up with this handle? We just keep talking around it. The theme that we used the term infrastructure for, can somebody think of a better handle for that mass of things: policies, technical standards, implementation guide, etc.? What's the handle for that?

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
This is Jim. It really might be worth just defining infrastructure at the beginning of this to say….

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. Use the word, but define it.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Right.

Paul Egerman – eScription – CEO
You also have another overused word….

M
Kind of a toolkit in a way, but that's kind of….

Paul Egerman – eScription – CEO
There's an overused buzzword you can use, which is framework.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Actually that might be, it's a less threatening.

W
I think framework fits better. I … better.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes, I think it is.

M
Yes, I like framework.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
All right. We did it, and still 15 seconds to spare. Great. Okay. A common framework that allows us to do those things.

M
Just so we record it, I think framework is way less useful than infrastructure. I would be happy to predict that in three years no one will know what we meant by it in 2010.

W
I appreciate that, and I think you're right, but the audience that we're writing for, I think infrastructure sounds like it bridges.

Deven McGraw - Center for Democracy & Technology – Director
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Bridges or wires.

Deven McGraw - Center for Democracy & Technology – Director
Bridges, wires, plumbing.

W
Yes.

M
Actually, I think it's pretty widely in common use now as the stuff you need to make everything else work.

W
If we were to attach an adjective to it like, I mean, I don't want to get into this because it'll wordsmith it.

M
Yes, that's all right.

W
Yes. I appreciate. The point is well taken though. I think you're right that framework is fuzzy. Infrastructure is a little bit clear to those of us who are of the fold.

Seth Pazinski – ONC – Special Assistant
This is Seth. I'll offer. I have the statement that Carol submitted, which was to invest in technology, policies, and initiatives that increase use of and improve techniques for distributed analysis, and then … computing, improve data models … reporting summary data. Is that sort of at a level that people are comfortable with, and we can work on maybe a summary word that encapsulates all those things?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think it's still a little bit long and jargony.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
You could end it on distributed. Improve techniques for distributed analysis. You could end it there. You don't need the examples. I was more explaining it for your…. Invest in the technology, policies, and initiatives that increase the use of and improve techniques for distributed analysis was what I had.

W
It might be a good way to go right now since we don't have a term, and it kind of captures, I think, what we're all saying.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Can you come up with something else besides distributed analysis?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Yes. Creating…

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Create knowledge maybe. I don't know.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Yes. Creating knowledge across distributed data sources….

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
That seems close.

M
I'm sorry. What was that?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Creating knowledge across distributed data sources.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
How are the other two? We're at our five-minute warning here. How are the other two: five and six? They feel like they're just add-ons, and so it'd be nice to have something a little bit more compelling, I guess.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program
Yes. For six anyway, I thought that it would be improved by saying improve population health by making information available through aligned federal efforts to support achieving meaningful use health objectives such as comparative effectiveness research and drug safety. Again, this is the point I've been trying to make that if the health objectives are clear, then it can really prioritize and align some of these efforts.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I mean, do we want to limit ourselves to population health? And so maybe, is it – and it seems like six is, we want to make sure that HIT innovations continue to create values for all of the – and I'm sorry I forgot the word stakeholders, but all the people participating in care of individuals and the health of individuals and populations? Is that broader? The emphasis is on making sure that nothing we do in this whole learning health system impedes innovation that makes more and more value for all of the stakeholders.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Paul, I'm understanding what you're saying, but I don't know if other people are. I think it's a really important point to retain so that – I mean, I don't think they're bad as they are right now. We might revisit them again after we get some feedback on them, but I think they're really, both five and six, are pretty important to retain. This is Patti.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
In five then, do we want to only improve population health by making information available, etc.?

Patti Brennan – UW-Madison – Moehlman Bascom Professor
You could take that down the road of individual and population, if that makes it better. If we start saying federal efforts, but then we'll have to talk about state efforts, and are we only talking about aligning ONC with the federal initiatives and not like state level smoking cessation or stuff like that.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
How about even improve health outcomes by making--?

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Okay. I could live with that one, actually, although I'm sure that whoever raised the question earlier about the vagueness, I think it can be looked on as vague, but I think it's comprehensive, and that's what we want here.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Does that work for others?

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
This is Jim. In a way, almost what we want to say is apply number one through four to population health.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Well, maybe let me ask the opposite question. Why do one through four don't automatically involve population health?

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Yes. That would be the other way to….

Patti Brennan – UW-Madison – Moehlman Bascom Professor
There's no providers of population health, for one.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
That would make it strong. Pardon?

Patti Brennan – UW-Madison – Moehlman Bascom Professor
The term provider, the words or at least in two, and maybe a little bit in one, tend to be more a jargon to the level of the individual and not the population.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
Maybe it's even at the level of the goal then.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
That's interesting.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer
But the point is that everything we said in one, two, three, four, well, much of what we've said in one, two, three, four applies to population health. Part of the problem is when you call it out as number five, I think that's part of what Paul is responding to. It's kind of wobbly because you can't restate all of that. But then if you don't, what are you doing exactly? I think it would make sense to say individual and population health and the goal.

Jodi Daniel – ONC – Director Office of Policy & Research
Paul, this is Jodi. I'm giving you your one-minute warning.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. Okay. I'll accept that one.

Art Davidson - Public Health Informatics at Denver Public Health – Director
Paul, this is Art. I had included at the end of that comparative effectiveness research, drug safety monitoring, and public health surveillance, and that somehow got dropped. That's the way that SHARP was talking about dealing with many of the items of interest in that initiative. I just wonder why that got lost.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
What got lost?

Art Davidson - Public Health Informatics at Denver Public Health – Director
The last word of public health surveillance.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
I see.

M
Yes, I would agree that should be added.

Art Davidson - Public Health Informatics at Denver Public Health – Director
That's what, you know, we're talking about population health because that's about the providers of that will come from the people who do that type of comparative research, the monitoring, and surveillance activities.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think part of it, because I want to be respectful of the timekeeper, what I heard from Jim is to elevate population to the goal, so we can find a way to work it into the goal. And then maybe instead of five looking like it only deals with population health, to talk about how we're going to use this learning system to apply to the creation of new knowledge, and that includes the creative effectiveness research, drug monitoring, and public health surveillance. Does that help capture it, Art?

Art Davidson - Public Health Informatics at Denver Public Health – Director
Yes. Right. And there was one other thought that's lost in this translation. In our discussion last week, we had the concept of social determinants of health, and we seem to have lost that again.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
It's up there in three.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
It's up there in three.

Art Davidson - Public Health Informatics at Denver Public Health – Director
Okay. I guess I'm looking at the wrong….

Patti Brennan – UW-Madison – Moehlman Bascom Professor
There are two versions. One's edited, and the other is….

Art Davidson - Public Health Informatics at Denver Public Health – Director
Okay.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. We passed the one-minute mark, and I think we did pretty good, pretty well, and I think we have enough to start the discussion at the meeting tomorrow. As we say, we'll get additional input from the committee members. We'll turn around a draft that incorporates both the comments we have today. Hopefully some of this will get into what we present tomorrow. And the feedback we get from committee, and that'll be the basis for us to have our next call.

We're still going to try to hammer out some of this stuff in parallel. I think that's been useful. That helps us be more productive with our time that we spend together like this call. And at this point, I'd like to – any final comments from the workgroup members before we open it up to the public? While people are thinking, are there any public comments indicated?

Judy Sparrow – Office of the National Coordinator – Executive Director
Why don't we ask the operator if anybody on the line cares to make a comment? Then, Paul, you can continue until she….

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Sure.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Paul, before we go, I just want to take a minute to thank you for your leadership. You are incredible, and this was a very effectively run meeting. Jodi, the same too, you guys really prepared us well for this.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Thank you, Patti. We certainly appreciate the folks spending the time on this and such productive, constructive comments.

Deven McGraw - Center for Democracy & Technology – Director
This is Deven. I'm always appreciative of the drafters who put the words out there for us to pick apart. It's not always easy, but it's a necessary function to be able to allow us to move forward, so much appreciated.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Absolutely.

Alison Gary – Altarum Institute – Communication Technologies Coordinator
Hello, Judy. This is Alison. I just wanted to remind everyone how to make a public comment. If you dial 1-877-705-2976, if you press star, one, you'll be placed into a queue to make a public comment. And we do not have any public comments thus far.

Judy Sparrow – Office of the National Coordinator – Executive Director
Okay.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
For the workgroup members, we'll be back in touch with you about follow-up calls. We have one in February, and then we're going to schedule some additional ones to start working on these parallel themes. Once again, thank you so much for taking the time, no matter what time it is on your end, to participate with this and create this, and to continue to improve this document, which I think is coming along nicely.

Jodi Daniel – ONC – Director Office of Policy & Research
Particularly, Paul, for you and the three-hour time zone difference … getting up at a crazy hour to participate on the call.

Judy Sparrow – Office of the National Coordinator – Executive Director
Anybody on the line?

Operator
No, there are no comments.

Judy Sparrow – Office of the National Coordinator – Executive Director
All right. Thank you.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Thank you so much. Bye-bye.